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ABSTRACT

This report pulls together what is known about the intersection of early childhood development and violence prevention into a coherent strategy. It presents essential information about key risk and resiliency factors relevant to early development and violence prevention, research on a broad range of violence prevention issues, and recommendations for decreasing young children's risk of current and future violence. After introducing the issue and highlighting the importance of early childhood development on violent behavior, the report focuses on three keys to violence prevention: violence is complex and requires a comprehensive approach; risk and resiliency factors must be addressed; and violence prevention requires an integrated strategy for action. Some of the recommendations for integrated action include: provide families with services and supports to foster health and empowerment; increase wellness opportunities and access to quality health care for children and families; promote mental health and meet the mental health needs of all family members; and improve the ability of families, communities, and schools to prepare children for school. The appendices include a glossary of terms, resources, reviewers, content advisors, and partner organizations. (Contains 196 endnotes.) (SM)

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1st STEPS

TAKING ACTION EARLY TO PREVENT VIOLENCE

Prevention Institute
Action Alliance for Children
Fight Crime: Invest in Kids *California*

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1st STEPS

TAKING ACTION EARLY TO PREVENT VIOLENCE

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Executive Summary

This is a time when the knowledge about the causes of violence and how to prevent it is greater than ever. While violence is part of daily life in far too many homes and communities in the United States, there is an opportunity to make significant strides in preventing it. Taking advantage of this opportunity means starting as early as possible, before violence is learned or reinforced. Early experiences — those that take place prenatally and through 5 years of age — impact the rest of an individual's life. Thus, the first steps to preventing violence require action in these early years.

A wide range of people, from law enforcement officials to child development experts to policy makers, are becoming increasingly aware of the impact of violence on young children and the relationship between violence prevention and the healthy development of young children. A growing body of evidence shows that: 1) supporting healthy early childhood development is an essential element in preventing violence and 2) protecting young children from experiencing violence, as victims or witnesses, is an essential part of ensuring their healthy development.

To understand the crucial link between early childhood development and violence prevention, it is necessary to understand that:

- **Early childhood is a critical time** during which essential intellectual and emotional abilities form. Keeping young children safe and nurturing them is protective against lifelong problems, including the risk of becoming involved in violence.
- **Early experiences impact brain development**, shaping the brain's physical growth and sculpting neural connections. This occurs primarily between birth and school age years, when every encounter a child has or lacks is formative.
- **Violence affects young children**, resulting in a 're-wiring' of the child's brain in which survival skills are preferentially developed at the expense of learning and other social skills.
- **Family, community, and society** are powerful in shaping young children's development.

The last decade of research on violence prevention resulted in the understanding that violence prevention needs to start earlier and that acting as early as possible, in the first five years of life, is critical to success. Despite the potential benefits of implementing violence prevention strategy with young children, inadequate attention has been given to what can be done in the early years. However, a number of talented researchers and practitioners have contributed to an expansive knowledge base. *FIRST STEPS* captures and shapes what is known about the intersection of early childhood development and violence prevention into a coherent strategy, *The Three Keys to Violence Prevention*. Pulling together the range of information from research and practice, *FIRST STEPS* is a tool enabling policy makers, funders, service providers, administrators, parents, and advocates to take action that will make a difference, in both the current lives of young children and in their future.

The Three Keys to Violence Prevention

Key 1:
Violence is complex and requires a comprehensive approach

The determinants of violence are multiple, complex, and often interrelated. Success in addressing these problems is more likely when practitioners work across disciplines and address multiple issues at a time. A successful strategy must include the collaboration and mobilization of a broad group of individuals, and a range of activities that link with, build upon, and add value to each other. To understand the necessary range of activities, violence prevention practitioners have used the *Spectrum of Prevention*,[1] a tool that enables people and coalitions to develop a comprehensive plan while building on existing efforts.

The Spectrum of Prevention

SPECTRUM LEVEL	EXAMPLES
1 Strengthening Individual Knowledge & Skills	■ Provide caregivers with information about child development and teach them stress management, problem solving and boundary setting skills, and positive communication and discipline techniques. ■ Build developmentally appropriate literacy skills in young children, for example, by encouraging caregivers to read to children frequently and providing books that are developmentally, culturally, and linguistically appropriate.
2 Promoting Community Education	■ Educate community members about the vulnerability of young children and the detrimental effects of abuse, neglect, and witnessing violence. ■ Encourage safe gun storage in the home, including storing guns unloaded and away from ammunition, out of children's reach, and in locked boxes.
3 Educating Providers	■ Ensure that professionals who work with young children and families are trained to identify substance abusing caregivers and affected children and provide them with developmentally and culturally appropriate care and support. ■ Train childcare providers to model appropriate behaviors, understand how cultural beliefs influence behavior and socialization, provide consistent discipline, and offer a range of developmentally appropriate activities that support each child's unique learning style.
4 Fostering Coalitions & Networks	■ Foster collaboration between city planners, transportation and housing authorities, law enforcement, business leaders, funders, and health and education service providers in the development of neighborhoods and services that promote young children's health and well-being. ■ Foster partnerships that increase young children's access to positive male role models, including fathers and father figures. Partner with community organizations and networks to involve boys and young men in activities promoting interpersonal respect and cooperation.
5 Changing Organizational Practices	■ Incorporate violence screening and assessment tools into existing healthcare protocols and training and promote their use to increase identification and intervention with pregnant women, caregivers, and young children who are at risk of violence. ■ Contact television stations, advertising sponsors, and other media outlets, encouraging them to incorporate less violent and inappropriate content in children and family programming.
6 Influencing Policy & Legislation	■ Advocate for a refundable per-child tax credit for all families that does not change if parents enter the workforce and for the provision of non-cash benefits such as childcare subsidies and housing and transportation vouchers to low-income families with young children. ■ Advocate for policies that support family mental health, including expanding health insurance coverage to include infant and parental mental health and providing adequate training to ensure quality services and programs.

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Early Childhood Development and Violence Prevention: Identified Risk and Resiliency Factors

	RISK	RESILIENCY
COMMUNITY AND STRUCTURAL FACTORS	■ Poverty & economic disparity ■ Bias & discrimination ■ Community deterioration ■ Media violence ■ Access to firearms ■ Gender socialization	■ Community networks & leadership ■ Financial resources ■ Empowerment & decision-making avenues ■ Community facilities ■ Health, education, & social service systems
INDIVIDUAL AND FAMILY FACTORS	■ Prenatal risk, toxins, & poor nutrition ■ Child abuse & neglect ■ Negative family dynamics ■ Alcohol & other drug abuse ■ Witnessing violence ■ Mental illness ■ Illiteracy & poor academic achievement	■ Good physical & mental health ■ Positive attachments & relationships ■ Emotional competence ■ Cognitive competence ■ Self-esteem

Key 2:
Risk and resiliency factors must be addressed

Individuals, families, and communities have an enormous capacity to contribute to the resolution of the challenges they face, including violence. Successful violence prevention requires the strengthening of resiliency factors that protect and support children, families, and communities, as well as the reduction of risk factors that threaten their well-being.

Key 3:
Violence prevention requires an integrated strategy for action

Successful violence prevention integrates an understanding of the complex issues, policies, and systems that affect children, families, and communities into an action plan that strategically coordinates, supports, and strengthens multiple efforts.

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Recommendations for integrated action:

1) Provide families with services and supports to foster health and empowerment.
2) Recognize poverty as a significant risk factor and take steps to minimize its impact.
3) Prevent and reduce the impact of abuse, neglect, and witnessing violence.
4) Increase wellness opportunities and access to quality healthcare for children and families.
5) Promote mental health and meet the mental health needs of all family members.
6) Reduce substance abuse among caregivers and pregnant women and their partners.
7) Provide affordable, available, and high-quality early care and education.
8) Improve the ability of families, communities, and schools to prepare children for school.
9) Implement measures to reduce young children's access to guns.
10) Reduce the impact of media violence on young children.
11) Intervene in early bullying behavior and address underlying causes.
12) Increase children's opportunities for appropriate play and creative exploration.
13) Enhance community connections, resources, and access to information and decision-making.
14) Increase local coordination of services and resources for families and their children.
15) Ensure that violence prevention efforts for young children are driven by effective strategy.

The evidence is overwhelming: barriers to positive, healthy early childhood development and early experiences of violence inversely affect children in ways that persist far beyond childhood, impacting brain development, academic achievement, relationships, and the risk of being involved in violence. It is critically important to foster healthy development and prevent violence from occurring by reducing risks and fostering resiliency, working collaboratively, and comprehensively addressing underlying issues. Ensuring that young children have the supports and opportunities they need and deserve is a priority that requires great commitment. It is up to every one of us to take action — to take the first steps toward healthy child development and violence prevention.

INTRODUCTION

Violence Prevention & Young Children

This is a time when the knowledge about the causes of violence and how to prevent it is greater than ever. While violence is part of daily life in far too many homes and communities in the United States, there is an opportunity to make significant strides in preventing it. Taking advantage of this opportunity means starting as early as possible before violence is learned or reinforced. Early experiences — those that occur prenatally and through 5 years of age — impact the rest of an individual's life. As Rob Reiner, Chair of the California Children and Families Commission, has declared, "Violence prevention begins in the high chair, not the electric chair." Thus, the first steps to prevent violence require action in these early years.

Despite the need for focused violence prevention efforts earlier, there has been inadequate attention to what can be done in the early years. However, a number of talented researchers and practitioners have contributed to an expansive knowledge base. *FIRST STEPS* captures what is known about the intersection of early childhood development and violence prevention and shapes it into a coherent strategy. Pulling together a range of research and practice information, *FIRST STEPS* is a tool for taking action that will make a difference in both the current lives of young children and in their future.

Robert vividly remembers the sound of his sister being thrown down the stairwell when he was 3. He remembers diving behind the sofa when a stray bullet found its way from the street into his living room when he was 4½. He also has memories of watching his alcoholic father beat up his mother which started before he was born and continued, even while she was pregnant with Robert. Now a 16 year old, he's reluctant to talk about it, and when he does the memories are overwhelming. Even though Robert has escaped his childhood home, he has not escaped the impact of these early experiences. He's been a gang member since he was 11. A high school dropout, he hangs out on a street corner, hair covered by a blue bandana that makes his gang allegiances clear. Last week, someone shot at him again. Two of his friends were hit; one died. Robert is also a father. His commitment to his baby is etched in his face every time he talks about him. But despite his pledges to never be like his father, despite the pain he knows so well, recently he beat up the mother of his son.

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When children's needs for nurturing, protection, and learning are met, they are far less likely to become involved in violence.

In the last few years, people working to reduce violence have increasingly focused awareness on the experiences of very young children and on the relationship between violence prevention and early childhood development. They have realized that:

- **Supporting healthy early childhood development is essential in preventing violence.** There are a variety of elements related to the care, well-being, and development of young children that impact their risk of future violence. These elements range from the quality of bonding with caregivers to the food and toxins consumed to the stimulation of an environment. When children's needs for nurturing, protection, and learning are met, they are far less likely to become involved in violence when they grow older, as either perpetrators or victims. Ensuring a healthy childhood can therefore be characterized as violence prevention.
- **Protecting young children from experiencing violence, as victims or witnesses, is essential to ensure their healthy development.** Witnessing or experiencing violence at a young age increases a child's risk for a variety of future problems, including aggression, involvement in violence, and difficulties in learning, forming healthy relationships, and maintaining emotional health.

In order to understand the crucial link between early childhood development and violence prevention, it is necessary to understand the importance of early childhood development, the impact of early experience on brain development, the effect of violence on young children, and the important role of family and community.

Early childhood is a vulnerable time, when failure to nurture or protect can lead to lifelong problems.

Early childhood is a critical time

"During the early years of life, the ingredients for intellectual, emotional, and moral growth are laid down. If they are not, it is true that a developing child can still acquire them, but the price rises, and the chances of success decrease with each subsequent year,"[2] write T. Berry Brazelton and Stanley Greenspan in *The Irreducible Needs of Children*. According to the Consultative Group on Early Childhood Care and Development,[3] for healthy development, young children need a range of "essential supports," including "health, nutrition, intellectual stimulation, [and] opportunities for exploration and active learning." In addition, "social and emotional care and nurturing" are critical supports in helping children "realize [their] human potential and play an active role in their families and later in their communities." This description recognizes the synergistic effect of healthy physical, cognitive, and emotional development and the need to focus beyond the individual child to families and communities in ensuring healthy childhood development. Early childhood is a very significant and vulnerable time, when failure to

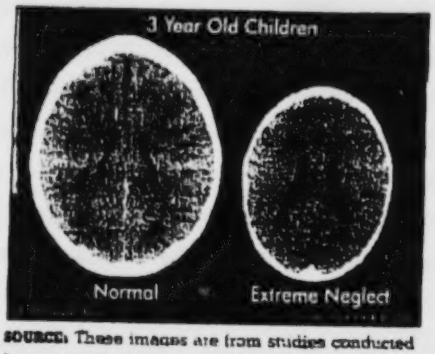
2

nurture, protect, or provide for a child can lead to lifelong emotional, behavioral, and developmental problems.

Early experiences impact brain development

Unlike the body, which takes 20 years to mature to 95% of its full size, the brain develops to 90% of its full size in the first five years.[4] At birth, children's brains have almost all of the brain cells they will ever need. However, they are not yet linked into the necessary networks for learning and complex functioning. Between birth and school age, a process of 'sculpting' occurs: some neural connections are made or reinforced and others die away. Early childhood experiences shape these connections, helping to determine which ones are maintained and which are lost. From the womb to the home to the classroom, every encounter a child has or lacks is formative. According to Robin Karr-Morse, "While the human baby is born with literally trillions of unprogrammed circuits just waiting to be stimulated into great poetry or science or music, for many key capacities, circuits are not used and may die. The experiences of a child will determine the circuits connected."[5] Early trauma can harm the part of the brain responsible for impulse control, problem solving, and empathy — elements that often play a role in preventing violence. Neglect and a lack of positive nurturing can also harm brain development, resulting in underdevelopment of key neural pathways that affect the child's capacity to bond with and relate to other people.[6] There is a role for later intervention when development has been compromised; however, intervention can be much more difficult and costly, and result in less satisfactory outcomes.

In the CT scan on the left is an image from a healthy 3 year old with an average head size. The image on the right is from a 3 year old child suffering from severe sensory-deprivation neglect.



SOURCE: These images are from studies conducted by a team of researchers from the Child Trauma Academy led by Bruce D. Perry M.D., Ph. D.

Violence affects young children

Children who grow up with violence are at risk for pathological development. According to Dr. Bruce Perry, a leading expert on child and brain development, "Violence creates a pervasive sense of threat — an incubator of terror — for the developing child. The results are predictable."[7] Experiencing violence, stress, and other trauma at a young age results not only in developmental delays, but also results in a 're-wiring' of the child's brain. Survival skills are preferentially developed at the expense of learning and other social skills.[8] Survival skills include hypervigilance and disassociation, factors that often lead to increased aggression and violence.[9] In addition, early aggressive behavior that is learned through observation, imitation, and direct experience is the single best predictor of later aggression.[10]

Early trauma can impact impulse control, problem solving, and empathy — elements that play a role in violence prevention.

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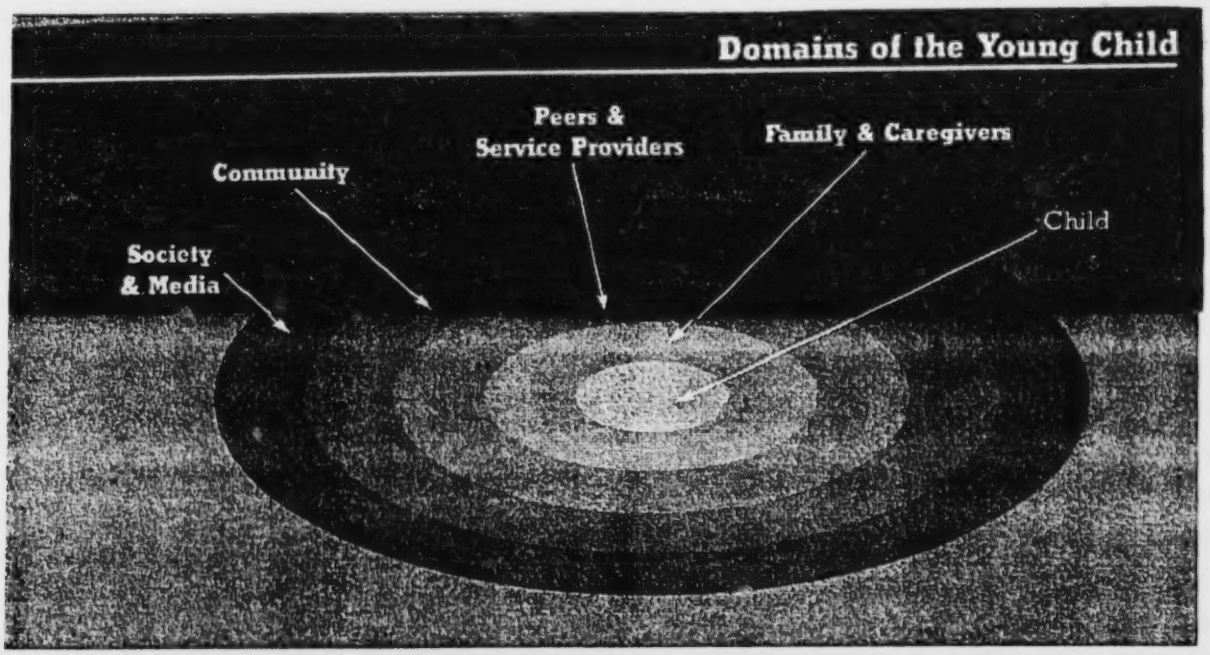
Family and community have an important role to play

Children are most apt to flourish when their parents do.

Children experience and learn to navigate their world through a variety of domains including family and other caregivers, peers, service providers, community, media, and broader society (see figure below). Dr. James Garbarino, Director of the Family Life Development Center and Professor of Human Development at Cornell University, has asserted that, "Although everyone is vulnerable to toxicity in the social environment, children are the most vulnerable."[11] It is therefore critical to address the factors in a young child's social environment. Further, because children are most apt to flourish when their parents do, strategies to improve child development outcomes must address issues that affect parental and family well-being. Since each of these domains affects a child's development, solutions must address all of them and their interrelationships.



Given the complexity of violence, the solution requires a comprehensive strategy.

The solution: No simple answers

For those concerned about preventing violence, there is a tendency to search for *the* program or curriculum that will 'fix' the problem. However, given the complexity of violence, the solution requires a comprehensive strategy that builds on what is already known about violence prevention and early childhood development and incorporates a variety of efforts. Violence prevention is not an outcome that a single program can achieve, but rather the outcome of a strategic approach that directly impacts children and families, the systems that affect them, and the communities in which they live.

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Violence prevention efforts require the collaboration and mobilization of a broad group of constituencies. While specific violence prevention programs, such as conflict resolution, parenting classes, and counseling are necessary, they are even more effective as part of an interrelated set of activities. In addition, all efforts should not only ameliorate the effects of violence but also must focus on what can be done before violence occurs. Any violence prevention approach must also recognize that building resiliency is as critical as addressing known risk factors.

The prevention of violence is the outcome of a strategic, coordinated fabric of efforts.

The context: A growing awareness

In developing comprehensive strategies, the necessity of addressing the underlying social ills that contribute to violence has long been recognized. Several California foundations, including The David and Lucile Packard Foundation and The California Wellness Foundation, have made significant investments in violence prevention, bringing the value of prevention to the forefront of efforts to address the problem of violence. Other recent developments highlight the growing awareness of the need for attention specifically to early child development to achieve violence prevention outcomes. These include:

- ***Accumulation of evidence***: A 1999 study by the Eisenhower Foundation concluded that in the 30 years since a National Commission report on the causes and prevention of violence, researchers had developed more than enough information about successful strategies, such as Head Start programs, to make significant progress in violence prevention, if those strategies were implemented nationally.
- ***Law enforcement support***: Fight Crime: Invest in Kids, a national nonprofit organization whose membership includes sheriffs, police chiefs, district attorneys, and crime survivors, has published two major reports[12,13] about the importance of quality child care and after-school programs in preventing crime and producing other positive results for young people, garnering significant support for such policies among law enforcement leaders.
- ***Nationwide understanding***: The U.S. Department of Justice's nationwide *Safe from the Start* campaign, launched in 1999, increased awareness about the importance of early brain development and the detrimental effects of young children's exposure to violence. Several state initiatives have subsequently been launched. For example, a California campaign, initiated in 2000 by Attorney General Bill Lockyer in partnership with the Health and Human Services Agency and the California Children and Families Commission, brought

together over 1,500 local policy makers and advocates across the state, as well as state legislators at a joint legislative hearing in March 2001.

- ***Government effectiveness***: *Never Too Early, Never Too Late to Prevent Youth Crime and Violence*, a June 2001 report by the California Little Hoover Commission, underscores the importance of beginning violence prevention efforts early and the government's role in reducing and preventing violence.
- ***Collaborative efforts***: Others in California are working together to establish a system that understands the interrelationship between different kinds of violence (e.g., intimate partner/family violence, child abuse, youth violence, suicide) and the need to collaborate to address this continuum of violence, which often begins with young children. These efforts involve the Family Violence Prevention Fund, National Funding Collaborative on Violence Prevention, and *Shifting the Focus: An Interdisciplinary Approach to Advancing Violence Prevention in California*, a partnership of state departments, agencies, commissions, and organizations.
- ***Public support***: In 1998, California voters passed Proposition 10, the California Children and Families Act, adding a 50-cent-per-pack cigarette tax to fund new programs for young children and their families. County- and state-level Children and Family Commissions, created and funded by the proposition, are in a position to provide leadership on violence prevention as it relates to young children.

Starting prevention early is cost effective.

In addition to playing a significant role in a child's healthy development and future well-being, starting violence prevention early is also cost effective. For example, the High/Scope study of the Perry Preschool program measured net savings of more than $70,000 in per participant crime-related savings, and a total of $88,000 saved when welfare, tax, and other savings were taken into consideration. In other words, every $1 spent on the program returned $7.16 to the public.[14] Similarly, a RAND study demonstrated that the Nurse-Family Partnership home visiting program saves at least $4 for every $1 spent on the program.[15]

The objective: Take action early

Violence is learned so it can be unlearned or conditions can be changed so it's not learned in the first place. It's never too late to change the behavior but it is much more difficult to do it later rather than earlier.

— Dr. Ron Slaby, Developmental Psychologist, Harvard University

The last decade of research on violence prevention resulted in the understanding that violence prevention needs to start earlier and that acting as early as possible, in the first five years of life, is critical to success. In the wake of September 11, 2001, our society has rekindled a commitment to community, safety, and leadership. Further, these tragic events reinforced the importance of responding to those who have experienced or witnessed violence to promote healing. Overall, however, the incidence of violence and aggression remains beyond what is acceptable for safety and quality of life in this culture. Changes must be systemic; changes in the early years will have the greatest impact. This report gives examples of best and promising practices and offers a policy direction for leaders and a practice direction for program providers and administrators. Specifically, it provides the following:

- *The Three Keys to Violence Prevention*, a framework for developing a comprehensive strategy to support healthy child development and prevent violence
- Essential information about key risk and resiliency factors relevant to early development and violence prevention
- Research on a broad range of violence prevention issues to enable those working on any of these issues to see how they interrelate in a broader strategic approach
- Recommendations for decreasing young children's risk of current and future violence

FIRST STEPS was developed as a resource for state and local Children and Families Commissions in California. However, it is relevant for other policy makers, funders, service providers, administrators, parents, and advocates as a guide to developing, implementing, supporting, evaluating, and/or funding initiatives that contribute to violence prevention and healthy child development.

The 3 KEYS

Violence Prevention Framework

Recognizing that law enforcement alone cannot solve the problem of violence, violence prevention practitioners have increasingly turned toward a broader, more comprehensive approach. *The Three Keys to Violence Prevention* is a framework that incorporates public health, law enforcement, social service, and education perspectives.

Key 1:
Violence is complex and requires a comprehensive approach

The determinants of violence are multiple, complex, and often interrelated. A successful strategy must include the participation of a broad group of individuals and a range of activities that link with, build upon, and add value to each other.

Key 2:
Risk and resiliency factors must be addressed

Successful violence prevention requires the strengthening of factors that protect and support children and families, as well as the reduction of factors that threaten child and family well-being.

Key 3:
Violence prevention requires an integrated strategy for action

Successful violence prevention integrates an understanding of the complex issues, policies, and systems that affect children, families, and communities into an action plan that strategically coordinates, supports, and strengthens multiple efforts.

KEY 1

Violence is a complex problem and requires a comprehensive approach

The complex determinants of violence include individual development and personality traits, family interactions, and socioeconomic factors that affect families' ability to raise children. A successful strategy must therefore include multiple activities involving a range of partners.

To understand the necessary range of activities, prevention practitioners have used the *Spectrum of Prevention*,[16] a tool that enables people and coalitions to develop a comprehensive plan while building on existing efforts. The *Spectrum* encourages people to move beyond an educational or individual skill-building approach to address broader environmental and systems-level issues. When the six levels of the *Spectrum* are used together, they produce a more effective strategy than would be possible by implementing a single initiative or program in isolation.

The Spectrum of Prevention

SPECTRUM LEVEL	DEFINITION OF LEVEL
1 Strengthening Individual Knowledge & Skills	Enhancing individual capacity to prevent injury and illness and promote wellness and safety
2 Promoting Community Education	Reaching groups of people with information and resources
3 Educating Providers	Informing providers who will transmit skills and knowledge to others to improve prevention outcomes
4 Fostering Coalitions & Networks	Bringing together groups and individuals for broader goals and greater impact on early childhood development and violence prevention
5 Changing Organizational Practices	Adopting regulations and shaping norms to improve health and safety
6 Influencing Policy & Legislation	Developing strategies to change laws and policies for broader outcomes

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The *Spectrum* capitalizes on the power of collaboration and the synergy of working concurrently on multiple activities. Each community has unique resources and needs that impact not only how violence prevention initiatives are developed, but also how those initiatives are sustained and institutionalized. As communities develop such initiatives, attention to the range of *Spectrum* activities will allow for both greater effectiveness and better institutionalization of efforts and results.

Fostering Coalitions and Networks, Level 4 of the *Spectrum*, is especially important in violence prevention work. There is no one group that can do everything required to raise healthy children, support their families and communities, and prevent violence. Collaboration and coordination of efforts can:

- Ensure that needed services are more accessible and user-friendly for families
- Bring together people with different areas of expertise
- Promote strategic planning
- Reduce duplication of effort
- Increase impact
- Build credibility and political power
- Allow information sharing

In addition, data and evaluation should inform all levels of *Spectrum* activities. Any proposed activity should be based on data showing that: 1) the issue is important; 2) the target population is appropriate; and 3) the intervention is promising. Ongoing evaluation of the overall approach and of individual activities will provide the information needed to make adjustments as the strategies are implemented.

Potential Partners

businesses ■ childcare providers ■ community members
educators ■ faith institutions ■ families
family support services ■ government ■ healthcare providers
housing authorities ■ law enforcement ■ media
mental health ■ parks and recreation ■ planners
social services ■ transportation

CASE STUDY

Multidisciplinary Teams

The Police Action Counseling Team (PACT) of Riverside County, California partners licensed mental health professionals with law enforcement officers to respond jointly to emergency calls when children and families have been traumatized. PACT's objectives are to increase the possibility of a child's healthy recovery from trauma, interrupt familial cycles of violence, and create a culture within the police department that fosters relationships with community agencies. Police officers and mental health professionals receive intensive training in assessing the psychological needs of families in crisis and in providing immediate, informed intervention. Mental health professionals are on call 24 hours a day, 7 days a week to respond to calls from the police department. The mental health team also rides along with police officers regularly to increase accessibility and availability for follow-up services. Following an initial crisis assessment, PACT refers families appropriate and streamlined referrals. Agencies currently in the referral system include county mental health agencies, school districts, medical facilities, child protective services, probation services, victim witness assistance, and the district attorney's office. More than 300 children in the county are annually served by PACT. Outcomes include increased awareness of family trauma and violence within law enforcement, increased reporting to Child Protective Services, and more children and families being referred to and accessing mental health services. Initial evaluation shows that deputies involved in PACT referred 80% of children and families for mental health care, while deputies not involved in PACT only referred 10% of families. Evaluation also shows a four-fold reduction in negative symptoms among children and families who received referrals. Call the Riverside County Sheriff's Department at (760) 836-1600.

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Risk and resiliency factors must be addressed

To reduce violence, it is important to reduce risk factors for violence. Furthermore, it is equally important to foster resiliency, the ability of young children and their families to overcome risks and thrive. A growing body of research demonstrates the interrelationship between risk and resiliency,[17] the ability of resiliency to mitigate the effect of some risks,[18,19] and the importance of focusing on both factors.[20] Therefore, strategies that simultaneously reduce risk factors and increase resiliency factors have a greater chance of success.

Early Childhood Development and Violence Prevention: Identified Risk and Resiliency Factors

	RISK	RESILIENCY
COMMUNITY AND STRUCTURAL FACTORS	■ Poverty & economic disparity ■ Bias & discrimination ■ Community deterioration ■ Media violence ■ Access to firearms ■ Gender socialization	■ Community networks & leadership ■ Financial resources ■ Empowerment & decision-making avenues ■ Community facilities ■ Health, education & social service systems
INDIVIDUAL AND FAMILY FACTORS	■ Prenatal risk, toxins, & poor nutrition ■ Child abuse & neglect ■ Negative family dynamics ■ Alcohol & other drug abuse ■ Witnessing violence ■ Mental illness ■ Illiteracy & poor academic achievement	■ Good physical & mental health ■ Positive attachments & relationships ■ Emotional competence ■ Cognitive competence ■ Self-esteem

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Risk Factors

Risk factors are characteristics or circumstances that increase the likelihood of an individual, family, or community being affected by or perpetrating violence. The effects of risk on child development and violence are complex, interactive, and cumulative. Not everyone exposed to risk factors will become involved in violence, but children who are exposed to multiple risk factors have a higher prevalence of antisocial behaviors and a greater likelihood of decreased intelligence and social competence, all of which correlate with an increased risk of violence.[21,22,23] The combination, frequency, and severity of risks influence whether or not problems develop.[24] According to Dr. James Garbarino, "No one risk or asset counts for much by itself. It is only the overwhelming accumulation of risk without a compensatory accumulation of assets that puts kids in jeopardy."[25]

"It is only the overwhelming accumulation of risk without a compensatory accumulation of assets that puts kids in jeopardy."

Thirteen risk factors for violence and their impact on early child development are delineated here. They are based on risk factors previously identified in youth violence prevention[26] and expanded to include factors specific to young children. These factors address community and structural as well as individual and family risks.

Community and Structural Risk Factors

1. Poverty and economic disparity

Young children are more likely than any other age group in America to live in poverty.[27,28] Growing up in poverty restricts young children's access to nutritious foods, quality housing, health care, childcare, safe living environments, and other necessities. Associated risks, such as lack of opportunity for parental employment and advancement, can increase family stress, intimate partner violence, children's exposure to alcohol, drugs, and environmental toxins,[29] and risk for abuse, neglect, and maltreatment.[30] When young children live in poverty, they are at greater risk for current or future behavior problems, such as aggression, fighting, anxiety, withdrawal, depression,[31] and delinquency.[32] In addition, childhood poverty is associated with reduced cognitive abilities and increased learning disabilities, developmental delays,[33] and school failure[34] — all factors that increase the chance of future violent involvement.[35] Poverty and economic disparity also often underlie many of the other risk factors affecting children and families.

America has the highest child poverty rate when compared to 17 other industrialized nations.[27]

12 to 14 million American children — about 1 in 5 — have lived in families whose income was at or below the official poverty threshold.[28]

California has the highest child poverty rate in the nation; 1 in 6 poor children in the United States live in California.[29]

Children living below the poverty line are 1.3 times more likely than non-poor children to experience learning disabilities and developmental delays.[30]

2. Bias and discrimination

If children are raised in an environment in which there is disrespect, inequality, or contempt for people of different races, cultures, genders, abilities, or life choices, they are more likely to develop biased attitudes[36], replicate them throughout their lifetime, and potentially express them in violent ways. Experiencing bias, which can also be

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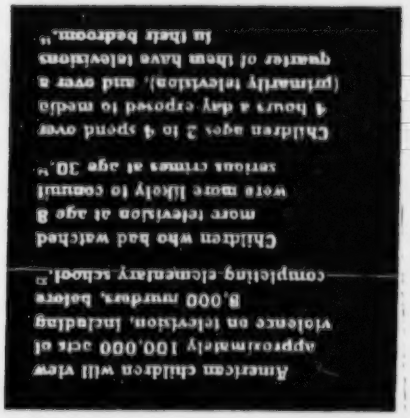
The combination of neighborhood poverty and family poverty poses a double risk for young children.

institutionalized in discriminatory policies and practices, can contribute to caregiver and family stress, poor mental functioning, and reduced capacity of adults to care for young children.

3. Community deterioration

Community deterioration includes both a breakdown of supportive networks among community members and a lack of resources such as community recreation areas or health and educational facilities. Families living in such communities may be socially isolated, without the personal resources to make up for the lack of goods and services or to escape to a more affluent community. The combination of neighborhood poverty and family poverty poses a double risk for young children. Research suggests that moving to a more affluent community enhances the physical and psychological health of children as well as their academic performance, and reduces violent crimes committed by adolescents.[41,42] In addition, the absence of networks and organizations that help reinforce positive values contributes significantly to high rates of violence.[43] For example, lack of validation of violence-free lifestyles in the community may undermine parents' efforts to teach their young children positive behaviors.[44]


American children will view approximately 100,000 acts of violence on television, including 8,000 murders, before completing elementary school.[45]
Children who had watched more television at age 8 were more likely to commit serious crimes at age 30.[46]
Children ages 2 to 4 spend over 4 hours a day exposed to media (primarily television), and over a quarter of them have televisions in their bedroom.[47]

4. Media violence

American children are exposed to violent images on a daily basis through media including television, movies, cartoons, music videos, newspapers, books, and magazines. Numerous studies have proved that excessive exposure to media violence increases aggressive behaviors in children and is associated with long-term negative effects.[45,46,47]

Children under age 5 who witness television violence are especially vulnerable to its negative effects.[48] This is because young children have not yet fully developed the ability to critically process the images as acceptable or unacceptable, real or make-believe. Without appropriate guidance, children can internalize the message that violence is a common and appropriate way to solve problems. This results in an increased likelihood for children to behave violently towards others and a decreased sense of empathy when they observe violence being perpetrated against others.[49] Additional research shows that the more violence children watch at age 5, the lower their grades are later on in school.[50]

Media violence can also increase young children's fears that the world is a more dangerous place than it really is and cause them increased anxiety.[51] Because some caregivers cannot provide guidance or are not aware of these negative effects, many young children are being left unsupervised to watch television and other media.

"When I was watching a knife movie, I went to sleep and I woke up. I ran out the room because I was having a nightmare."
— 3 year old[52]

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5. Access to firearms

Every day ten American children die and many more are seriously injured by guns.[56] Research conducted by the U.S. General Accounting Office found that in 8% of fatal unintentional firearms deaths, the shooters were younger than 6.[57] In a study of shootings among children in California, the most common cause in the fatal unintentional shooting of a child was the child's playing with a loaded and unlocked firearm.[58] Many parents often do not have an accurate sense of how their firearms are stored,[59] and many homes with young children have firearms that are improperly stored or within easy reach of young children. Research also shows that a substantial percentage of young children are strong enough to fire the handguns that are currently available.[60] Strength coupled with natural curiosity and tendency to explore puts young children at high risk by readily available and improperly stored firearms in their homes.

32% of households with children contained at least one gun, but only 30% of these households stored guns safely — unloaded and locked.[60]

61% of gun-owning households with children had at least one gun unlocked, often a rifle, and 13% had at least one gun loaded, most often a handgun.[60]

6. Gender socialization

Boys and men are disproportionately represented among both perpetrators and victims of violence, including physical and sexual assaults. Whatever their parents' views, most boys learn in a variety of ways that 'rough and tumble' play, fighting, risk-taking, and lack of emotional expression are typical and natural male characteristics.[61] This kind of socialization can cause boys and men to be less empathetic than girls and women and more prone to engaging in bullying and violent behaviors. A growing body of research has documented a strong link between socialization into this stereotypical code of masculinity and an increased risk for experiencing violence.[62,63,64]

Boys and men are most often the *perpetrators of interpersonal* violence, including homicide,[70] physical assaults,[71] and sexual assaults.[72]

Most violence is committed by or against males and increasingly involves young men and boys.[73]

Males are 3 to 5 times more likely than females to carry weapons.[74]

Individual and Family Risks

7. Prenatal risk, toxins, and poor nutrition

Poor maternal diet, inadequate nutrition, lack of adequate doctor visits, exposure to lead, alcohol, tobacco, and other drugs and environmental toxins, as well as maternal exposure to stress, deprivation, or violence can significantly affect fetal and young children's brain development.[53,54] Affected children exhibit low verbal IQ, attention deficits, hyperactivity, poor impulse control, lowered academic achievement, inadequate processing of information, inflexibility, restlessness, agitation, and difficulty processing social cues[57] — all characteristics that can predispose children to aggressive and violent behavior.

Despite a significant drop since the late 1970s, more than 1.5 million children under age 6 had elevated blood lead levels by 1991.[75]

Elevated blood lead levels continue to be more common among low-income children and children living in urban areas and older housing. Low-income children living in older housing had more than a 30-fold greater prevalence of blood lead levels than middle-income children in newer housing.[76]

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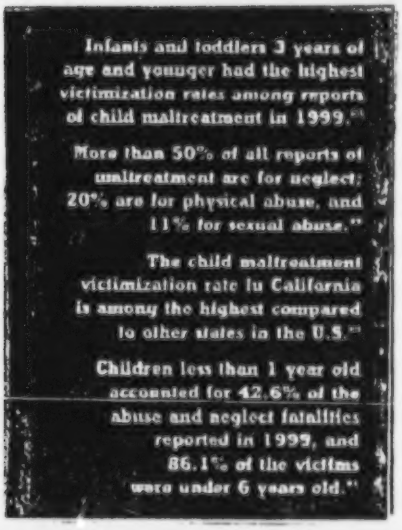
Neglect may cause as much, if not more, harm as other types of maltreatment.

8. Child abuse and neglect

The impact of abuse or neglect is severe at any age, but children under age 5 are especially vulnerable. Neglect may cause as much, if not more, harm as other types of maltreatment.[77] As James Garbarino notes, "In every culture in the world, when kids are rejected, they do badly."[78] Infants who are subject to prolonged or chronic stressful situations due to inadequate care or abuse experience disrupted neurodevelopment and resulting developmental delays. The trauma results in the development of some skills at the sacrifice of others: for instance, survival and defense skills, such as extreme mistrust or avoidance of people, are developed in favor of positive learning and pro-social skills.


Infants and toddlers 3 years of age and younger had the highest victimization rates among reports of child maltreatment in 1999.[79]
More than 50% of all reports of maltreatment are for neglect; 20% are for physical abuse, and 11% for sexual abuse.[79]
The child maltreatment victimization rate in California is among the highest compared to other states in the U.S.[80]
Children less than 1 year old accounted for 42.6% of the abuse and neglect fatalities reported in 1999, and 86.1% of the victims were under 6 years old.[81]

History of child maltreatment is a strong predictor of future behavior problems, including violence, aggressiveness, and delinquency. While not all children who experience abuse or neglect become involved in violence, many do become either victims or perpetrators as adults. A study conducted for the U.S. Department of Justice found that childhood experience of maltreatment increases the likelihood of an arrest as a juvenile by 59%, as an adult by 28%, and of arrest for a violent crime by 30%.[79] Other research has linked physical abuse with lower social skills and higher levels of aggression at school.[80] As young as 1 year old, physically abused children already demonstrate more aggressiveness with both peers and adults.[81]

9. Negative family dynamics

An increasing number of reports about violent events involving children who grew up in stable, resource-rich communities and families demonstrates that violence does not threaten only poor or unstable families and communities. At any income level, lack of nurturing interactions between parents and their children harms child development and increases the risk of involvement in violence. Parents' failure to set clear expectations for children's behavior, poor monitoring and supervision, lack of involvement, and severe and inconsistent discipline have been shown to consistently predict later delinquency.[82,83] In addition, when parents have to choose between working or spending time at home with their children, or when they have to work long hours or in unsupportive environments, those stresses also affect their children.[84]

10. Alcohol and other drug abuse

Parental alcohol and drug abuse, in addition to harming fetal brain development, also increases the chance that children will witness or experience violence. Nationwide, alcohol is the drug most closely associated with violent incidents; some researchers estimate that it is implicated in 50 to 66% of all homicides,[85] 20 to 36% of suicides,[86] and more than 50% of all cases of domestic violence.[87]

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Parental substance abuse has also been found to be a significant contributing factor to child abuse or neglect.[97] A study from the Center on Child Abuse Prevention Research shows that substance abuse was one of the top two problems among families reported for child maltreatment.[98] Parents who abuse drugs and alcohol are less able to set priorities, provide guidance, and attend to their children's needs. Parental substance abuse may also interact with and underlie mental illness, another factor that places children at increased risk for maltreatment. In addition, the presence of alcohol at the community level seems to influence the degree of exposure to violence. For example, more assaults and homicides occur in communities or neighborhoods in which there are more bars.[99]

Substance abuse is one of the top two problems exhibited by families in 81% of cases reported to state protective services.[96]

Among pregnant women in 1999, an estimated 17% smoked cigarettes and 3% engaged in "binge" alcohol use while pregnant.[95]

One year after drug treatment, 40% of women eliminated or reduced their dependence on welfare.[94]

Treatment of substance abuse decreased crime-related costs by 75%.[93]

The average benefits of substance abuse treatment exceed the costs by 3 to 1.[92]

11. Witnessing violence

Witnessing violence, either in the community or the home, is traumatizing to young children, leaving them feeling scared, helpless, and unsafe. Repeated (chronic) exposure to violence, such as that which occurs when living in a violent home or neighborhood, often results in negative effects that persist and accumulate over the long term.[95,96] Witnessing violence at any age can contribute to mental illness and disorders, and studies have found symptoms of post-traumatic stress and disorders among infants and toddlers exposed to community violence.[97] Witnessing community and domestic violence is especially traumatic for young children because it also impacts the adults on whom they depend for safety and reassurance. Parents' ability to adequately care for their young children is compromised when they fear for their safety or when families live in communities racked by violence.[98]

"Somebody threw a rock at my momma's window when I was sleeping. It was my bedroom. I felt sad. Then I was crying."
— 4 year old[109]

Witnessing violence when young can normalize and establish violence as an acceptable form of behavior, and increase children's risk for perpetrating or being victimized by violence later in life.[22] Young children who witness violence often mimic it and find it harder to control their own aggressive impulses and get along with parents, teachers, and other children. They also tend to exhibit poor problem solving skills, depression, inability to concentrate, low academic performance, and lower levels of empathy, social competence, and self-esteem.[100,101,102] The results can be long lasting. For example, boys who witness violence against their mothers when young have an increased likelihood of using violence against their domestic partners when adults.[103]

More than 3.3 million children are estimated to witness physical and verbal spousal abuse each year, with children under 5 being disproportionately represented in affected households.[110]

A survey of inner city students found that 10% of black and 1% of white first and second graders reported having seen someone get shot.[111]

Children living in domestic violence situations are up to 15 times more likely to be abused or neglected than children from non-violent homes.[112]

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12. Mental illness

Some estimate as many as six million children in America may suffer from a mental health disorder that severely disrupts their ability to function at home, in school, or in their community.[113] Children with mental disorders may exhibit disruptive behaviors that make parenting, family dynamics, and general social functioning exceptionally difficult, and their future development may also be affected.

About two-thirds of all young people with mental health problems who need help are not getting it.[112]

Impoverished children and families are less likely to be diagnosed and receive care for an existing mental illness because they often receive irregular and poorer quality health care.[114]

Young children who have parents or caregivers with mental illness are also at increased risk.[116] Mental illness can impair a parent's ability to provide the quality of care and support that a young child needs for optimal development.[115] Maternal depression can be especially harmful to the young child. Mild maternal depression affects approximately 40% of all mothers, with about 10 to 15% of all new mothers experiencing moderate or severe postpartum depression.[116,117] Research on the infants of depressed mothers suggests that maternal depression can have a permanent effect, not only on children's ability to feel safe and in control, but also on their cognitive functioning,[118] all of which are associated with increased risk of future behavior problems and increased risk for involvement with violence.

13. Illiteracy and poor academic achievement

Illiteracy is correlated with delinquency,[119,120] and the foundations for literacy are laid early. For example, emerging literacy skills are more likely to develop when children are read to or told stories,[121] and children who are read to prior to entering school not only become better readers, but also perform better in school.[122] Studies have shown that children's success or failure during the first years of school often predicts the level of later academic success.[123,124] Academic success during adolescence has been shown to reduce delinquency and prevent involvement in violence,[125] and there is a strong correlation between school failure and aggressive or violent behavior.[126,127] Academic achievement also enhances the development of positive self-esteem and self-efficacy. Family characteristics have an impact on the development of early literacy skills. For example, the likelihood that a child will be read to increases as a mother's education level increases.[128]

Babies whose mothers provided them with opportunities to observe, imitate, and learn performed higher on IQ tests at age 4 than children who were exposed to the same teachings starting at age 1.[129]

Chronic exposure to violence harms a child's ability to learn.[129] When children's energies are redirected because they are defending themselves against outside dangers or warding off their own fears, they have difficulty learning in school.[130] The relationship between exposure to violence and learning is particularly significant because cognitive skills form the foundation of academic success, self-esteem, coping, and overall resilience. As Prothrow-Stith and Quaday assert: "When our children's ability to learn is being dangerously undermined, the foundation of our society is being damaged in a manner that cannot be easily repaired."[131]

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Resiliency Factors

Many children who experience risk factors for violence nevertheless grow up to become healthy, caring adults.[135] This capacity to develop positively despite harmful experiences is called resiliency. Fostering resiliency in young children has been shown to improve academic, emotional, social, and cognitive outcomes[136,137,138,139] and to reduce violence later in life. In order to ensure healthy child development, it is therefore essential that resiliency is fostered while risks are reduced. Like risks, the effects of resiliency factors, or assets, accumulate, with children with more assets being less likely to engage in violence and other high-risk behaviors. According to Search Institute data, only 6% of children with more than 30 assets were violent, compared to 61% of the children with less than 10 assets.[140] Having more assets also increases the chances that young people will have positive attitudes and behaviors such as good health, success in school, self-control, and value for diversity.[141]

"We know that it is easier to get children on a positive path early than to come in after the fact and try and make it up."

Building individual, family, and community assets is especially important during the first five years of life. As Dr. Jack Shonkoff, editor of *Neurons to Neighborhoods* has stated, "We know that it is easier to get children on a positive path early than to come in after the fact and try and make it up."[142] For healthy development during this time, children's basic needs must be met, including the need for positive experiences that provide them with a sense of belonging, respect, safety, self-worth, autonomy, mastery, and meaning.[143] Spending quality time with young children and engaging them emotionally and cognitively helps build resiliency. Communities can also foster resiliency by creating support systems that strengthen families, empower parents, and promote the healthy development of young children. Communities that provide families with resources to protect, stimulate, and nurture their children increase children's ability to respond positively in the face of risk. According to James Garbarino, "Neighborhoods supplement the individual-level factors associated with resilience by providing a context in which children can be exposed to positive influences."[144] Some strengths-building activities are part of common-sense approaches adults can use with children,[145] while others require broader, more systemic change.

Attachment, parental supervision, and consistent discipline are important factors in preventing delinquency.

Individual and Family Resiliency Factors

1. Good physical and mental health: The good health of both children and parents is a key to successful growth.[146] Good health is associated with fewer behavioral and social problems as well as higher cognitive functioning and learning ability[147,148] — factors that can significantly reduce involvement in violence.

Parents who have good mental health are better able to nurture and care for their children. For children, good mental health fosters healthy development. For example, recent brain research confirms that if trauma, stress, and early onset mental health conditions are recognized and addressed during the first few years of life, structural and functional changes in the brain that would otherwise compromise a child's success and self-sufficiency can be avoided or reversed.[149] Specific mental health interventions in early childhood can lead to positive outcomes, including improved school readiness, lower utilization of special education, higher educational achievements, lower rates of criminal behavior, reduced emergency room visits, decreased rates of child abuse, decreased maternal substance abuse, lower welfare usage, and higher rates of employment.[150]

2. Positive attachments and relationships: Children show significantly better cognitive and language skills, as well as positive social and emotional development, when they are cared for by adults who are attentive to their needs and who interact with them in encouraging and affectionate ways.[151,152] The absence of such connections early on can harm a child's ability to develop normally. When children have secure attachments early in life, they tend to have better development, social interactions, and academic achievement.[153]

The attachment and bonding process during infancy is the foundation upon which future relationships and interpersonal skills are based.[154] Attachment between an infant and caregiver is fundamentally important to helping develop skills such as cooperation, empathy, and negotiation, all of which help in developing positive and healthy relationships later in life. In addition, attachment to parents, parental supervision, and consistent discipline have been found to be the most important family protective factors in preventing delinquency in high-risk youth.[155,156]

CASE STUDY

Child-Parent Center (CPC)

CPC provides educational and family support services to economically disadvantaged children beginning in preschool. Its goals are to promote children's academic success and to facilitate parent involvement in children's education. Emphasized features are 1) early intervention, 2) parent involvement, 3) a structured language-based instructional model, and 4) continuity between preschool and early elementary school years. Currently, CPC operates in 24 centers throughout the Chicago Public Schools.

Long-term evaluation found that participation in CPC was significantly associated with a decrease in school-reported delinquency in adolescence,[157] as well as higher reading achievement up to seventh grade and lower rates of cumulative grade retention and special education placement.[158] For more information, contact Department of Early Childhood Education, Chicago Public Schools, 125 South Clark St., 9th Floor, Chicago, IL 60603, (773) 535-1995, or visit www.waisman.wisc.edu/cpc.

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3. Emotional competence: When children can understand and regulate their emotions, exercise self-discipline, and develop impulse-control, judgment, and coping mechanisms, they can better deal with aggressive or violent experiences without negative effects.

In order for young children to learn how to regulate their behaviors and emotions, they need to experience healthy basic interaction, such as eye contact, smiling, and attentiveness, with their caregivers. They also need to see healthy and appropriate behaviors, such as open and positive communication, consistent discipline, and problem solving, modeled by the adults around them.[159]

4. Cognitive competence: Cognitive competence includes children's oral, written, reasoning, and problem solving skills, as well as their creative expression and ability to learn. Cognitive skills developed during the early years of life lay the foundation for later educational success and academic achievement,[160,161] factors that are highly protective against involvement in violence.[162,163]

5. Self-esteem: Self-esteem, including mastery of skills, participation in decision-making, and a sense of worth of self and others, is a critically important part of healthy child development. Children who are valued and empowered develop more positively and have a greater sense of self-esteem and success in life.[164] One of the first and most influential resiliency studies, conducted by Emmy Werner, found that all resilient children had at least one person who unconditionally accepted them "as they were."[165] In addition, giving children as young as 3 or 4 the opportunity to plan and to have a say in their lives helps them to develop skills and attitudes that are protective over a life span.[166] These decision-making and planning opportunities are as important for young children as they are for adolescents.

Children who are valued and empowered develop more positively and have a greater sense of self-esteem and success in life.

Community and Structural Resiliency Factors

6. Community networks and leadership: Strong social networks and connections correspond with significant increases in physical and mental health, academic achievement, and local economic development, as well as lower rates of homicide, suicide, and alcohol and drug abuse.[167,168] For example, one study showed that children were mentally and physically healthier in neighborhoods in which adults talked to each other.[169]

Participation in cooperative networks fosters mutual trust and increases community members' willingness to intervene in the supervision of children, participate in community-building activities, and maintain public order. Participation also increases supportive relationships, such as sharing, reciprocity, and recognition that the needs of others are the needs of all — all of which are factors that can increase the health and well-being of young children.[170,171] Such networks also produce and enforce social sanctions and controls to diminish negative behavior and reduce the incidence of crime, juvenile delinquency, and access to firearms within communities.[172,173]

Community stability, or a community's ability to maintain its members, is also important in ensuring family stability and promoting positive child development. Enduring relationships within communities are indicative of a strong and vital community that values and has the resources to invest in its members — features that are very important to families and young children.[174] Also, when a community invests in the development of its people and these people remain in the community, they are in a position to contribute positively to the community and further build its strengths.

Strong civic leadership unifies community members and promotes a sense of shared identity, which can help in resisting threats to community well-being. Civic leaders can advocate for positive community norms, influence individual and group behaviors, and facilitate connections between organizations, communities, individuals, and families. Leaders can advocate for policies that support children and families.

Strong social networks correspond with significant increases in physical and mental health, academic achievement, and local economic development as well as lower rates of homicide, suicide, and alcohol and drug abuse.

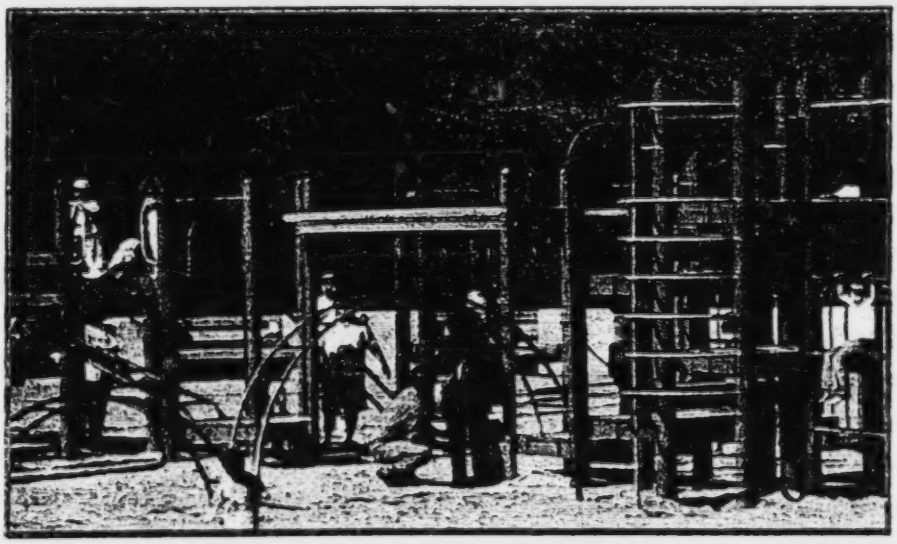
7. Financial resources: Communities with adequate financial resources are often better able to promote and sustain the well-being of children and families, even when they face serious risks. Measures of adequate financial resources include high rates of employment, home ownership, and local ownership and control of businesses and assets, as well as living wage jobs and financial institutions that support the efforts of community members. Additional resources include the provision of welfare, housing vouchers, food stamps, cash supplements, and health insurance, as well as job creation and skills training to promote individual capital and sustained self-reliance among community members. For example, research involving premature and low birthweight babies, as well as infants with in utero cocaine exposure, has shown that being reared in a socioeconomically advantaged environment can reduce the harm to children's health and cognitive development.[175,176]

8. Empowerment and decision-making avenues: People need timely access to information about events and decisions that affect them and their children. Giving parents and other community members a voice in decision-making increases their sense of empowerment and investment in the community and fosters a greater sense of connectedness.[177] Parents are in a position to become leading advocates for their children's well-being. Such advocacy can have an important impact on local and state decisions that affect children.

9. Community facilities: Parks, recreation centers, and community centers are places where families can connect and children can engage in activities that contribute to positive development. They also provide places where children can engage in developmentally appropriate play and interactions. Without these, families are less likely to build the relationships and common identity that lead to strong community networks. Many studies have shown that the healthiest American communities — nice places to raise children with good schools, responsive local governments, and a steady economy — typically have large and stable public institutions at their core.[178]

10. Health, education, and social systems: Children and families need easy-to-access systems that support physical, emotional, cognitive, and spiritual health, such as medical and mental health facilities, learning institutions, and faith or spiritual organizations. For children, these resources are the foundation for healthy development. More broadly, systems that support well-being promote individual as well as community health over a lifetime.

Communities with adequate financial resources are often better able to promote and sustain the well-being of children and families.



Violence prevention requires an integrated strategy for action

Given the complexity of issues, policies, and systems that affect children and their families, successful violence prevention requires an action plan that coordinates, supports, and strengthens a range of efforts. Because the cost of delay is too high in terms of risk, pain, suffering, and premature death, the focus of any approach must be on addressing problems *before* symptoms occur. This approach is called primary prevention. It emphasizes community-wide or 'environmental' outcomes given the systemic roots of the problem.

Fifteen recommendations are delineated in the following pages for consideration as part of an integrated approach to address local needs, build on community efforts, and strengthen the broader policies and systems that impact young children and families. They are comprehensive by design, addressing multiple risk factors while fostering a range of resiliency factors. Each recommendation includes a set of activities according to the six levels of the *Spectrum of Prevention*, as described previously and reiterated below.

1. **Strengthening Individual Knowledge & Skills**
2. **Promoting Community Education**
3. **Educating Providers**
4. **Fostering Coalitions & Networks**
5. **Changing Organizational Practices**
6. **Influencing Policy & Legislation**

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The activities are not exhaustive but rather recommend some important and promising efforts. Together they reinforce the value of working at different levels simultaneously to achieve significant outcomes for children and families. Since many valuable efforts are already underway in communities, a strategic approach examines how these efforts can strengthen and add value to each other and what other efforts may be necessary. Each of the 15 recommendations is illuminated by case studies of successful approaches. Additional resources on each recommendation can be found in Appendix B.

This solution-oriented approach requires a complementary model of evaluation. Comprehensive approaches are more difficult to measure than individual programs and some desired outcomes may take years to achieve. In addition to the efficacy of individual elements, there is a need to measure the ways in which each element contributes to the overall, comprehensive approach. For example, in *Never Too Early, Never Too Late to Prevent Youth Violence*, California's Little Hoover Commission recommended a tiered evaluation approach that would rigorously evaluate new and unproved strategies, while programs known to be effective would be measured for effective implementation and responsible management.[179] Given the challenges to evaluation, the wisdom of local practitioners should also be considered in determining local program outcomes.

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RECOMMENDATION 1

Family Support

Provide families with services and supports to foster health and empowerment.

CASE STUDY

Parents as Teachers (PAT)

This award-winning international family education and support program, which begins prenatally and extends to age 5, is based on the principles that all families have strengths and parents are the experts on their children. The program's main goal is to help families lay a strong foundation for children's success in school and life. PAT's main components are: 1) personal home visits by certified parent educators to educate parents on developmentally appropriate expectations and parent-child learning activities; 2) group meetings for parents to enhance their knowledge, share experiences, and discuss common successes or concerns about their children's behavior and development; 3) screening to identify whether children are developing on target; 4) connections with community resources to link parents to services beyond PAT's scope. Independent evaluations show that children in PAT are significantly more advanced in language, social development, problem solving, and other cognitive abilities than comparison children. PAT children also score higher on kindergarten readiness tests and on standardized measures of achievement in early grades. PAT parents are more involved in their children's schooling, read more to their children, and are more confident in their parenting role. For more information, contact PAT National Offices at (314) 432-4330 or visit www.patnc.org.

Raising children is hard work and parents often need help. Caregivers who are supported, empowered, and successful in other areas of life make better parents and are more able to raise healthy children. Effective family support programs are vital to increasing the ability of parents to nurture their children and ensure their optimal physical, emotional, social, and cognitive development.

INDIVIDUAL: Provide caregivers with information about child development and teach them stress management, problem solving and boundary setting skills, and positive communication and discipline techniques. 1

COMMUNITY: Ensure that new parents are aware of respite care and support groups to help reduce parenting-related anxiety and stress. 2

PROVIDERS: Build providers' capacity to develop and provide essential information and resources, respite care, and other supportive services for new parents. 3

NETWORKS: Partner with local businesses to promote family-friendly childcare policies for employees with young children such as providing vouchers or subsidies for care and on-site, emergency, and round-the-clock childcare for parents who work evening and other non-traditional hours 4

ORGANIZATIONAL: Promote work-life balance for all employees, including part-time and low-wage workers, and institute family-friendly policies such as flexible work hours, compressed work weeks, telecommuting, on-site childcare, paid parental and medical leave, and family health insurance in all workplaces. 5

POLICY: Increase funding and enrollment in state and federal family support programs such as the family and medical leave act, the per-child tax credit, and the food stamp program, especially among cultural or linguistic minority groups. 6

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RECOMMENDATION 2

Recognize poverty as a significant risk factor and take steps to minimize its impact.

Lack of economic opportunity and resources create a strain on families and can affect children's emotional, social, cognitive, and physical development. Poverty restricts access to food, safe housing, and other health and social services. It can also increase parental stress and children's risk of exposure to environmental toxins, alcohol and other drugs, abuse, neglect, and violence in the home or community. Eliminating poverty is long-term, and steps must be taken to minimize its impact. These include increasing earning potential and 'living incomes' and strengthening safety net programs and support for low-income workers, such as the Earned Income Tax Credit, food stamps, subsidized housing, and cash grants.

1. INDIVIDUAL: Provide job training and skill building such as resume writing, interviewing, and computer literacy classes for parents, and incorporate such training into adult literacy, family support, and community centers.

2. COMMUNITY: Increase public understanding of the value and range of options available for living wages through strategies such as targeted living wage subsidies.

3. PROVIDERS: Work with local community colleges and employment training programs to ensure that they offer relevant job training and career advancement opportunities, especially for parents and caregivers.

4. NETWORKS: Engage existing networks and coalitions in supporting and expanding safety net programs such as WIC, food stamp, Medicaid, CHIP, and Early Head Start.

5. ORGANIZATIONAL: Encourage loans and tax incentives for small business owners in the local community and promote increased investment in community enterprises.

6. POLICY: Advocate for a per-child tax credit for all families that does not change if parents enter the workforce and for the provision of non-cash benefits such as childcare subsidies, food stamps, and housing and transportation vouchers to low-income families with young children.

CASE STUDY

The New Hope Project

This Milwaukee-based program for low-income people was implemented by a community organization between 1994 and 1998. The program helped reduce poverty and improve family functioning, financial security, and the well-being of children. It offered direct assistance in finding and keeping jobs as well as in overcoming barriers that often affect low-income families' ability to work their way out of poverty. The program offered: 1) an income supplement to raise the participants' income to poverty level; 2) affordable health insurance; 3) childcare subsidies; and 4) paid community service jobs for those who did not find employment. Evaluation of the program found that it had more impact on participants who were not already employed full-time at the start of the program than on those who were already employed. Participants were more likely to gain employment when they were in the program, had higher work-related income and income above the federal poverty level, better housing, fewer unmet medical needs, and were less worried about medical care and finances. Also, male children of program participants were more likely to report better parental relationships, do well in school, have better classroom skills, fewer behavior problems, and higher expectations of attending college and getting high prestige jobs. This program was listed as a Proven and Promising Program by the Promising Practices Network. Contact (414) 267-6320 or www.promisingpractices.net.

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RECOMMENDATION 3

Abuse, Neglect, Witnessing

Prevent and reduce the impact of abuse, neglect, and witnessing violence.

CASE STUDY

The Nurse-Family Partnership

Designed by David Olds, this program improves maternal and child health and reduces child abuse. Trained nurses visit low-income, first-time parents during pregnancy and for the next two years. They promote healthy emotional development, support the parent-child relationship and self-efficacy, screen for depression and substance abuse, provide health advice and referrals, and help with educational goals and employment searches. Outside agencies provide needed services. The program reduced child abuse during a child's first two years by 79%. Women in the program spent less time on welfare, smoked less, and consumed less alcohol. Participants had one-third as many arrests and their children were half as likely to be delinquent 15 years later.[28] Contact: (303) 864-5226; www.nccfc.org.

Living in a Non-Violent Community

LINC combines health care, mental health treatment, and parent, provider, and community education to meet the needs of children affected by domestic violence. The program offers no-cost, long-term treatment for children and families and trains health care, social service, education, daycare, and law enforcement providers to recognize at-risk children and respond effectively. LINC raises awareness about the impact of witnessing violence, helps adults identify, respond to, and support a child witness, and increases feelings of safety and competence. Call (415) 285-7630.

Experiencing neglect and abuse and witnessing violence put young children at significant risk for developmental failures, emotional disturbance, and additional victimization or perpetration of violence later in life. Further, the effects of neglect, abuse, or witnessing violence often go unnoticed. Children should receive the care, treatment, and support services they need. Although the effects of neglect and of witnessing violence may be less visible than the effects of physical abuse, careful attention must be paid to ensuring that both the physical and emotional needs of these children are met.

INDIVIDUAL: Educate caregivers about the harmful impacts of witnessing violence on young children and teach them how to reduce their stress and parent positively. **1**

COMMUNITY: Foster community norms that encourage supporting and protecting young children and families. Educate community members about the vulnerability of young children and the detrimental effects of abuse, neglect, and witnessing violence. **2**

PROVIDERS: Train all professionals who work with or come in contact with young children to identify children who have witnessed violence or experienced abuse and neglect and to refer affected children to developmentally and culturally appropriate care and support. **3**

NETWORKS: Build trust and linkages among community residents and law enforcement officials through community policing and town hall meetings and work with local leaders to encourage reporting of suspected abuse and neglect cases. **4**

ORGANIZATIONAL: Increase Child Protective Services' capacity to provide wrap-around services and to respond to child maltreatment in a timely and appropriate manner. **5**

POLICY: Ensure that policy makers are aware of the effects of witnessing violence on young children and the importance of providing funding to address this issue, such as funding for training professionals to work with affected children. **6**

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RECOMMENDATION 4

Increase wellness opportunities and access to quality healthcare for children and families.

Ensuring the health and well-being of young children begins with safeguarding the health of their parents and providing quality primary and preventive care for infants and young children. Good health in childhood promotes positive growth and the development of positive emotional and cognitive skills that in turn contribute to long-term learning and academic success — traits that are highly protective against involvement in violence.

1. INDIVIDUAL: Educate women and their partners about the importance of prenatal care and support them in their efforts to access such care.
2. COMMUNITY: Build public support for increased funding and enrollment in WIC, Medicaid, and Child Health Insurance Programs, especially among cultural or linguistic minority groups.
3. PROVIDERS: Train health providers on the provision of culturally appropriate information and services.
4. NETWORKS: Foster partnerships to advance lead abatement programs for housing, childcare, and playground facilities.
5. ORGANIZATIONAL: Incorporate violence screening and assessment tools into existing healthcare protocols and training and promote their use to increase identification and intervention with pregnant women, caregivers, and young children who are at risk of violence.
6. POLICY: Increase access, affordability, and utilization of prenatal and wellness care by sufficiently funding community health clinics as well as quality home visiting programs.

CASE STUDY

Care "R" Us

This community-based organization in Orange County, California provides a bridge to vital health services for Muslim, Arab, and South Asian communities who may have difficulties accessing health services. Care "R" Us reaches out to families at mosques. State-trained Certified Application Assistants (CAAs) help families fill out CHIP and Medi-Cal applications. The CAAs wear traditional dress and speak Arabic, Urdu, or Pashto. Since 1998, over 2,400 children have been enrolled in the Healthy Families and Medi-Cal programs as a result of this program. For more information, call (800) 287-1332.

The Chicago Doula Project

This project trains paraprofessionals from the community (Doulas) to work with pregnant teens during pregnancy, delivery, and after birth. Doulas provide information about breast-feeding and healthy infant development and help mothers develop a positive relationship with their child. Since Doulas are part of the same community as the teen, they have increased credibility and impact. Doula assistance results in lower health care costs, is empowering for mothers, and leads to a better start for babies. Mothers in the project hold and talk to their babies more — resulting in more responsive parenting and child attachment. Contact: Ounce of Prevention Fund at (312) 922-3863 or www.ounceofprevention.org or Chicago Health Connection at (312) 243-4772 or chiconnection@aol.com.

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RECOMMENDATION 5

Mental Health

Promote mental health and meet the mental health needs of all family members.

CASE STUDY

Infant-Family Resource Program

This National Mental Health Association model program focuses on infants 2 to 4 months old to children 3½ years old who are at risk for psychosocial disorders because of negative maternal perceptions of a mother's adolescent status. The goals of the program are to provide the best opportunities for infants to grow and develop to their full potential and prevent future psychosocial disorders, as well as to promote positive parent attitudes, strengthen parent-child relationships, and improve maternal self-esteem. The program works to strengthen the bond between mother and infant by conducting home visits and mother-infant group meetings and creating a maternal peer support system for new mothers. Evaluation of program participants at age 2½ years showed they had better psychosocial and cognitive development compared to control groups. For more information, contact the Infant-Family Resource Program at 209 Parran Hall, University of Pittsburgh, 130 DeSoto St., Pittsburgh, PA 15261; (412) 624-3108; first@vms.cis.pitt.edu.

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Mental health strategy includes early identification, provision of quality, affordable treatment, and promotion of healthy mental functioning for parents and children. It should also address underlying issues such as substance abuse, unemployment, and violent experiences that trigger or exacerbate mental health problems. As Dr. Bill Carter, Deputy Director of the California Institute for Mental Health, asserts, "We need to re-conceptualize our understanding of mental health. It is not distinct from risk factors like domestic violence, bullying, or substance abuse... Questions about these need to be incorporated into screening materials. A lot of providers don't want to serve kids this young; they need support and training."[151]

1 INDIVIDUAL: Screen, treat, and support new parents, especially postpartum mothers, suffering from depression. Ensure that caregivers know how to foster resiliency.

2 COMMUNITY: Raise awareness about the effects of postpartum depression and the importance of early detection, referral, and treatment.

3 PROVIDERS: Incorporate education of children's mental health into existing training and protocols. Train professionals in contact with children to identify signs of mental problems in caregivers and children and on available referral resources.

4 NETWORKS: Collaborate with organizations that provide high-quality, culturally appropriate mental health services for young children and their families.

5 ORGANIZATIONAL: Ensure that caregivers have access to quality mental health services, and incorporate them into services such as well-baby and home health visits, childcare centers, and family support centers.

6 POLICY: Advocate for family mental health policies, including expanding health insurance to include mental health and providing training to ensure quality services and programs.

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RECOMMENDATION 6

Reduce substance abuse among caregivers and pregnant women and their partners.

Substance abuse during pregnancy can have a lasting impact on development. Substance abusing caregivers are often unable to properly care for their children and support their healthy development. In addition, stressors such as poverty, oppression, deteriorating communities and social networks, and untreated mental illness can interact to exacerbate substance abuse. Reducing alcohol and other drug abuse requires the expansion of quality prevention efforts and treatment services. Further, a substance abuse prevention strategy must address the underlying factors that influence people's relationship with drugs and alcohol, along with individual children and caregiver needs.

1. INDIVIDUAL: Educate caregivers about the impact of alcohol, nicotine, and other drug use on young children's physical, social, cognitive, and emotional development, and encourage them to reduce their alcohol intake, seek drug treatment, and stop smoking.
2. COMMUNITY: Encourage local leaders to advocate for alcohol-free community events and fewer alcohol and tobacco outlets and less advertising in their communities.
3. PROVIDERS: Ensure that professionals who work with young children and families are trained to identify substance abusing caregivers and affected children and provide them with developmentally and culturally appropriate care and support.
4. NETWORKS: Establish support groups and networks for substance abusing parents and their young children.
5. ORGANIZATIONAL: Integrate substance abuse prevention, screening, treatment, and support services into existing health, mental health, and social service programs such as community health and family resource centers.
6. POLICY: Expand and improve substance abuse prevention and treatment programs, ensure that families with young children have access to such programs, and invest in better evaluation of services.

CASE STUDY

Dare to Be You

This primary prevention program, targeting children 2 to 5 years old and their families, significantly lowers the risk of future substance abuse and other high-risk activities by focusing on increasing families' emotional resiliency and teaching adults how to build strong families. The program improves participants' self-esteem and communication, problem solving, and family skills. Program participants also include Head Start teachers, day care personnel, and other community members. The Dare to Be You model consists of three components: 1) a family component offering parent, youth, and family training and activities for building self-responsibility, personal and parenting efficacy, problem solving, decision-making, and communication and social skills; 2) a school component consisting of training and supporting child care providers; 3) a community component involving training community members who interact with families. Evaluation of the Dare to Be You program found significant and enduring increases in parental self-esteem and positive parenting attitudes and control techniques, as well as decreases in child blame and harsh punishment. For more information, contact Dare to Be You at (970) 565-3606; darecort@coop.ext.colostate.edu; or www.coopext.colostate.edu.

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RECOMMENDATION 7

Early Care & Education

Provide affordable, available, and high-quality early care and education.

CASE STUDY

Perry Preschool Project

Between 1962 and 1967, low-income children (ages 3 and 4) were enrolled in a high quality preschool program based on the HighScope approach. The approach emphasized active learning through limiting class size and allowing children to initiate activities and control their environment. Teachers received curriculum training and supervision in social relations, music and movement, language and literacy, and logic and mathematics. The program included weekly home visits by teachers to discuss and practice activities for parents to carry out with their children. Participating children showed significant, long-lasting, positive outcomes. They were more likely to graduate from high school, own a home, and earn more than $2,000 a month, and were less likely to be on welfare or be arrested by age 21. In addition, the lifetime economic benefits to the participants, their families, and the community (a) exceeded the cost of the program. Net savings of the study were estimated at more than $70,000 per participant in crime-related savings, with a total of $88,000 saved when welfare, tax, and other savings were taken into consideration. For more information, contact HighScope at 600 North River St., Ypsilanti, MI 48198, (734) 485-2000, info@highscope.org, or www.highscope.org.

Quality early childcare and education enhances cognitive, emotional, and social development, especially among low-income preschoolers.[182] Children who experience high-quality, stable childcare engage in more complex play, demonstrate more secure attachments to adults and other children, and score higher on measures of thinking ability and language development, all qualities that increase lifelong social and academic success. According to T. Berry Brazelton and Stanley Greenspan, "In the present setup, less than 10% of infants and toddlers have access to high-quality day care, even though we know that quality child care is essential to the optimal development of children. The rest end up with care that anyone with real options would not trust."[183]

1 INDIVIDUAL: Teach young children the skills needed to support and maintain 'peaceful' environments, such as cooperative play, sharing, and age-appropriate conflict resolution.

2 COMMUNITY: Build community support for the expansion of high-quality childcare programs, such as Early Head Start, and ensure that these programs reach families most in need.

3 PROVIDERS: Train childcare providers to model appropriate behaviors, understand how cultural beliefs influence behavior and socialization, provide consistent discipline, and offer a range of developmentally appropriate activities that support each child's unique learning style.

4 NETWORKS: Promote parental involvement in early education programs and activities.

5 ORGANIZATIONAL: Improve the quality of care and reduce staff turnover by putting resources toward facilities renovation, evaluation, staff training, incentives, and benefits.

6 POLICY: Increase policy makers' understanding of the importance of quality childcare and well trained and well paid workers. Advocate for the expansion of state policies such as dependent care tax credits and employer tax credits to fund a living wage, health benefits, and ongoing training and learning opportunities for childcare workers.

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RECOMMENDATION 8

Improve the ability of families, communities, and schools to prepare children for school.

Ensuring that a child enters school ready to learn and succeed lays the foundation for academic success, which is protective against violence. School readiness encompasses many aspects of a child's health and ability. These include: ensuring children's physical, social, cognitive, and emotional health, and making sure they have financially secure, supported, and engaged parents, well-trained teachers, and access to quality schools and services. Efforts to decrease family poverty are important components, as a small boost in family income is correlated with an increase in children's social skills and school readiness.[184] Further, as Patricia Van Horn, coordinator of San Francisco Safe Start, notes, "You cannot ignore the emotional readiness part of school readiness."[185]

1. INDIVIDUAL: Build developmentally appropriate literacy skills in young children, for example, by encouraging caregivers to read to children frequently and providing books that are developmentally, culturally, and linguistically appropriate.
2. COMMUNITY: Build support for and utilization of community resources, such as libraries and adult learning centers, to support early learning, family literacy, and adult education.
3. PROVIDERS: Train providers to support families' access to and utilization of the quality prenatal care, nutrition, physical activity, and healthcare they need in order to foster healthy brain development and school readiness.
4. NETWORKS: Foster families' contact with kindergartens prior to young children entering to ease their transition to school.
5. ORGANIZATIONAL: Integrate violence prevention concepts and approaches such as conflict resolution, anger management, and cooperative learning into school readiness programs.
6. POLICY: Support the expansion of literacy programs, such as Even Start, that offer adult education and literacy development along with early childhood and parenting education and ensure that these programs reach the families most in need.

CASE STUDY

School Readiness Legislation

The Connecticut State Legislature unanimously passed a School Readiness Act in 1997, creating a comprehensive system to capture best practices and research-based findings in early care and education. Key components of the system include: 1) evaluation and accreditation of all childcare and preschool programs; 2) accreditation, training, and career support for providers; 3) sliding scale payment mechanisms and round-the-clock, round-the-year care; 4) diagnostic screening, health, and dental care for every child; 5) linkage of family literacy, parent employment, and job training with school readiness and childcare; 6) parent involvement and participation in decision-making; 7) funding for facilities renovation and expansion; and 8) technical assistance for public-private partnerships, fundraising, and community building. Legislation was also passed to bolster early learning and reading skills through teacher training, early literacy curriculum development, school reading plans and standard setting, early screening and ongoing assessment, parent involvement, and partnerships with AmeriCorps volunteers and school and public libraries. For more information, visit Connecticut Commission for Children at www.cga.state.ct.us/coc...

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RECOMMENDATION 9

Firearms

Implement measures to reduce young children's access to guns.

CASE STUDY

SAFE KIDS

SAFE KIDS is a nationwide organization dedicated to preventing unintentional childhood injury, including those from firearms. There are currently 300 state and local SAFE KIDS coalitions in all 50 states, the District of Columbia, and Puerto Rico. Through its local coalitions, SAFE KIDS provides discount gun locks and education about firearm safety. The National SAFE KIDS Campaign provides examples of model child access prevention legislation to its local coalitions and state legislators and supports safe storage laws that require gun owners to store guns with a gun lock or in a lock box. For more information, visit www.safekids.org.

Integrating Firearm Safety into Health Programs

The Monterey County Department of Health has integrated safety questions into their health and safety screenings in clinics and home visiting programs. Doctors and nurses are trained to inquire about the presence of firearms and safe storage of weapons in the home. As part of this effort, they convey a message about the risk involved when young children have access to firearms. For more information, contact Monterey County Health Department Main Office, 1270 Natividad Road, Salinas, CA 93906, (831) 755-4500.

The presence of guns in homes with children and the failure to properly store them puts children at risk for fatal injury. Young children are curious about guns but developmentally unable to comprehend the consequences of using them. Ease of access to firearms threatens children's safety and survival. In addition, the presence of firearms can escalate the severity of violent incidents if they occur.

1 INDIVIDUAL: Educate parents to inquire about the presence of guns in other people's homes before they allow their children to visit or play there.

2 COMMUNITY: Encourage safe gun storage in the home, including storing guns unloaded and away from ammunition, out of children's reach, and in locked boxes.

3 PROVIDERS: Train physicians, home visiting nurses, social workers, and other providers who work with young children and families to ask about the presence of firearms in the home and to educate parents and other caregivers about gun safety locks and safe firearm storage.

4 NETWORKS: Collaborate with local toy stores to stock interesting and engaging non-weapon toys and promote opportunities for creative and stimulating play.

5 ORGANIZATIONAL: Encourage firearm retailers to provide trigger locks with gun purchases.

6 POLICY: Advocate for safe firearm storage, the sale of trigger locks with guns, and a reduction in the total number of weapons available.

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RECOMMENDATION 10

Reduce the impact of media violence on young children.

Reducing the amount of time children spend watching television and playing video games can make them less aggressive towards their peers[165] and can increase their academic performance.[167] At age 5, watching educational programming in place of other programming predicts higher grades in science, math, and language arts in later years.[134] As noted psychologist Ron Slaby states, "Media can be used to support or promote good behavior or reinforce negative behavior."[183]

1. INDIVIDUAL: Educate caregivers about the negative impact of media violence on young children, teach them to monitor their children's access to television, movies, games, and print media, and suggest alternative activities they can do with their young children, such as reading and sports, that promote cognitive and physical development.
2. COMMUNITY: Develop a campaign to build support for increasing the amount of high-quality children's programming.
3. PROVIDERS: Train child care and education providers to help young children interpret and understand media violence, and how to differentiate between real and 'make-believe.'
4. NETWORKS: Partner with media advocacy organizations to promote stronger coverage of events and news that reflects positive community and family characteristics.
5. ORGANIZATIONAL: Contact television stations, advertising sponsors, and other media outlets, encouraging them to incorporate less violent and inappropriate content in children and family programming.
6. POLICY: Increase legislators' awareness of the deleterious impact of media violence on young children and encourage them to promote increased educational programming for young children and discourage violent programming, including in advertising and children's shows.

CASE STUDY

Reducing the Impact of Media Violence

Moving Young Children Away from TV Violence provides concrete recommendations for reducing the impact of media violence on young children. Developed by the Ready at 5 Partnership and endorsed by the Center for Media Literacy, this guide provides parents, childcare providers, and early childhood educators with practical, hands-on ideas and instructions. The goal is to help children ages 2 to 5 move from violent play stimulated by television viewing to healthy, fun, and safe activities that promote growth and development. The guide provides facts about the effects of media violence on young children, explains about different types of play, and provides activities for different age groups to play creatively and understand the difference between real and make believe. For more information or to order a copy of the guide, call (800) 229-4636, or visit www.medialit.org.

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RECOMMENDATION 11

Bullying

Intervene in early bullying behavior and address underlying causes.

CASE STUDY

The Incredible Years

A curriculum series for parents, teachers, and children, The Incredible Years is designed to promote social competence and prevent, reduce, and treat aggression and conduct problems in young children (ages 2 to 8). The first goal of The Incredible Years series is to provide cost-effective, early prevention programs that families and teachers of young children can use to promote social, emotional, and academic competence, and to prevent children from developing conduct problems. The second goal is to provide interventions for teachers and parents to help treat and reduce conduct problems in young children if they occur. Objectives for parents are to strengthen parent skills through training in positive communication, clear and consistent limit setting, and nonviolent discipline strategies. Objectives for children are to strengthen social and academic competence, reduce behavior problems, and increase positive interactions with peers, teachers, and parents. The *Incredible Years* programs have been extensively field-tested over the past 18 years. Results indicate that parents and teachers were able to significantly reduce children's problem behaviors and increase their social competence and academic engagement. These programs have also been shown to be effective for high risk populations. For more information, visit www.incredibleyears.com.

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Children who are routinely teased, bullied, or harassed are at increased risk for social isolation, depression, school failure, low self-esteem, and involvement in violence both as victims and perpetrators. Early bullying behavior may be indicative of underlying factors, and without intervention, the behavior is likely to continue. Socialization into rigid gender codes that associate masculinity with domination and violence often plays a significant role in children's involvement in bullying, so it is important to address gender socialization in prevention efforts.

INDIVIDUAL: Teach children and adults appropriate intervention skills and encourage them to step in whenever they witness bullying, harassment, or teasing. 1

COMMUNITY: Promote community-wide respect for difference and foster a value for diversity, especially among young children and their families. 2

PROVIDERS: Provide teachers and administrators with training that will ensure appropriate and effective counseling and intervention, including how to prevent bullying and enhance communication and conflict resolution skills among children and their families. 3

NETWORKS: Foster partnerships that increase young children's access to positive male role models, including fathers and father figures. Partner with community organizations and networks to involve boys and young men in activities promoting interpersonal respect and cooperation. 4

ORGANIZATIONAL: Integrate bullying prevention, positive gender socialization, problem solving, assertiveness, sharing, and empathy building skills into existing curricula for young children, and ensure that providers who work with young children are trained to address these issues. 5

POLICY: Develop anti-bullying, harassment, and teasing policies in childcare, early education, and other settings. 6

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RECOMMENDATION 12

Increase children's opportunities for appropriate play and creative exploration.

Engaging in creative and stimulating activities helps strengthen children's cognitive and emotional development and builds interpersonal and communication skills. Play provides an opportunity for young children to interact with and learn from other children and adults, explore strengths, overcome challenges, process information, and practice developmentally appropriate behaviors such as sharing, cooperation, and conflict resolution. Play and creative activities have also been found to be effective in reducing the impact of trauma and in helping children work through their fears and anxieties.

1. INDIVIDUAL: Promote play with developmentally appropriate toys and play that models positive gender roles, peaceful ways to resolve conflict, and behaviors such as empathy, sharing, and cooperation.
2. COMMUNITY: Develop educational campaigns to encourage caregivers to spend quality time playing with children and encourage young children to communicate and express themselves creatively.
3. PROVIDERS: Train providers to incorporate developmentally appropriate play and creative activities into all childcare, education, and family support programs.
4. NETWORKS: Partner with parks and recreation departments to ensure safe and developmentally appropriate programs and facilities.
5. ORGANIZATIONAL: Develop community resources such as parks, playgrounds, and community centers so that young children have easily accessed play spaces that are safe, secure, and lead-free.
6. POLICY: Ensure that all children have access to art, music, sports, and other recreation activities.

CASE STUDY

Fine Arts for Young Children

In 1995, the James E. Biggs Center for Early Childhood Education in Northern Kentucky recognized statewide and nationally for its work in providing "at-risk" 3 and 4 year old children with free, comprehensive education, added a fine arts component to its academic program. As part of its fine arts program, parents write and perform plays, preschoolers write books, learn ballet steps, and see The Nutcracker, and teachers stay after school to sculpt and paint. Biggs receives financial support through grants and local businesses. The Carnegie Theater, located next door, is another essential partner, displaying the children's artwork and inviting them for plays. Once in kindergarten, many Biggs students score higher than average on 15 measures of school readiness, such as the ability to follow directions and respond appropriately to questions. On average, students who attended Biggs at age 3 outscore non-participants by almost 34% in nearly every achievement category. For more information, call (859) 292-5358 or visit www.cominguptaller.org.

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RECOMMENDATION 13

Community Building

Enhance community connections, resources, and access to information & decision-making.

CASE STUDY

Community Partnerships for Healthy Children (CPHC)

CPHC is a 10-year, $20 million initiative created by Sierra Health Foundation in Sacramento, California to improve the health of children from birth through age 8. It helps communities develop parent-local collaboratives and strategic plans. The movement is built on citizen participation involving local communities, organizations, systems, and political infrastructures, and utilizes asset-based, community-building models of self-assessment. Hundreds of individuals and organizations are involved and working together on a variety of issues, including child abuse and neglect, child care, parenting, school readiness, violence, and child development. CPHC collaboratives develop educational, policy, and advocacy activities and disseminate information through local media. After the first two years of implementation, participants reported many positive community outcomes: 1) 86% saw more opportunities for people to get together with one another; 2) 88% saw more awareness of resources for families in the community; 3) 92% believed that groups concerned with children and family well-being were working together more closely; 4) 69% believed that overall quality of life in the community had improved. Areas with the most positive change were poverty and economic development, dental health, community resources, and preventative health care. For more information, visit www.cphconline.org.

Strengthening communities results in stronger, healthier families and children. Strong social networks and connections between community members help foster trust. They also support the development of norms such as peaceful conflict resolution and maintaining safety in communal areas. In addition, increased involvement in decision-making empowers community members to act on behalf of children and families and leads to an increase in physical, informational, and other resources to support healthy child development and functioning.

1. INDIVIDUAL: Build parent leadership skills through training in advocacy, communication, networking, parenting and child development, and becoming change agents.
2. COMMUNITY: Hold community forums and town meetings to identify and discuss issues that are of concern to families and develop strategies to make the community safer for and more supportive of young children and their families.
3. PROVIDERS: Train providers to involve different ethnic groups within a community and make sure that all published materials are culturally and linguistically appropriate.
4. NETWORKS: Engage families and local leaders in decision-making processes by conducting outreach to local businesses, faith communities, law enforcement, advocacy organizations, and other local institutions.
5. ORGANIZATIONAL: Encourage businesses to sponsor community events at which families can meet, build trust and commitment to common causes, and learn about and work with each other.
6. POLICY: Develop, fund, and maintain community resources such as parks, gardens, recreation centers, libraries, playgrounds, parent institutes, and parenting networks to provide children places for safe play and caregivers opportunities to meet, support, and learn from each other.

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RECOMMENDATION 4

Increase local coordination of services & resources for families & their children.

Services for families and children should be easily accessible and integrated when appropriate. Too often, young children and families in distress end up navigating a complicated and ambiguous web of services and are shuffled from one place to another without receiving the services they need. Service integration addresses the needs of the whole family. Such integration can be supported by joint training. According to Patricia Van Horn, "In-service training of different service providers should be more cross-disciplinary so they can better understand and assist children who have been impacted by violence."[190]

1. INDIVIDUAL: Compile information about agencies and organizations that serve children and families, such as location, hours of operation, and cost into a centralized database and make this information available to caregivers.
2. COMMUNITY: Strengthen public support for integrated service delivery for young children and their families.
3. PROVIDERS: Provide training and technical assistance on interdisciplinary collaboration and coordination.
4. NETWORKS: Foster collaboration between city planners, transportation and housing authorities, law enforcement, business leaders, funders, and health and education service providers in the development of neighborhoods and services that promote young children's health and well-being.
5. ORGANIZATIONAL: Encourage multidisciplinary collaboration and coordinate cross-agency and cross-departmental training and technical assistance to increase knowledge of different practices, approaches, and services.
6. POLICY: Link health, mental health, family support, and other social support services and develop systems and infrastructure to increase communication, information sharing, and collaboration.

CASE STUDY

Coordinated Services for Children and Families

Beginning in the early 1990s, Vermont set out to create a 'culture of prevention' with an emphasis on the well-being of children and families. A number of public policies supported this goal, including coordination of local services. "Success by Six" collaborations between human service, education, and health care agencies) and 'Patch' sites (co-located social services) are among the efforts that support positive outcomes for young children through improved service delivery. 'Success by Six' emphasizes personal outreach to families with a new baby. These local, regional, and state collaboratives promote outcomes related to school readiness, health, and academic achievement. In each 'Patch' site, teams work together to deliver social services within a small geographic area, better meeting the needs of local children and their families. These efforts represent only part of Vermont's policy reforms and are indicative of a movement toward an increased emphasis on prevention. Vermont has increased home visiting services to over 90% of newborns, decreased substantiated child abuse and neglect cases by 60%, increased work and income levels among its welfare caseload, decreased welfare demand and spending, increased child support payments, and decreased teen pregnancies. Visit http://earlychildhoodsuccess.org or www.financeproject.org

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Strategy Development

Ensure that violence prevention efforts for young children are driven by strategy.

CASE STUDY

Cultivating Peace in Salinas

To improve health outcomes for children, youth, and families, the City of Salinas, California joined with the Violent Injury Prevention Coalition and Partners for Peace to launch a strategy development process. With a broader focus than early childhood issues, the resulting framework, *Cultivating Peace in Salinas*, focuses primarily on reducing violence while addressing overall community well-being. The framework is based in local understanding and knowledge of the violence prevention field. To develop the framework, a committed and diverse Core Group, including those working with young children, identified underlying issues and prioritized solutions that had the best chance for success. In addition, there was extensive participation of youth, parents, and an Extended Network who provided information and insight. The framework represents a vision of a culture of caring. The community described this vision as one of compassion, respect, and responsibility. Such a culture recognizes the responsibility of the community to family, and the responsibilities of families and individuals to the community. The framework has served as the basis to steer initiatives and to obtain funding for infrastructure development and service delivery. For a copy of *Cultivating Peace in Salinas: A Violence Prevention Framework*, visit www.preventioninstitute.org. For more information about efforts in Salinas, contact Cultivating Peace at (831) 751-7310.

Every community has the responsibility to ensure that individual efforts build upon one another and achieve the greatest possible impact. Strategy is the key to maximizing discrete efforts and ensuring that they promote broader system and policy level changes. Key components of strategy development include identifying and prioritizing the needs and assets of a community, engaging and gaining the support of key stakeholders and decision makers, evaluating program effectiveness, fostering sustainability, and ensuring that resources are appropriately used. Strategy development leads to better outcomes for young children and families by promoting approaches that are well coordinated, responsive to local needs and concerns, and more likely to succeed.

INDIVIDUAL: Involve caregivers in the strategy development process, both to build their skills and to ensure that outcomes meet the needs of children and their families. **1**

COMMUNITY: Ensure that evaluation identifies attributes of successful programs and strengthens ongoing efforts while serving as a tool to build community support for early childhood development and violence prevention efforts. **2**

PROVIDERS: Provide appropriate training and technical assistance to ensure a successful strategic development process and significant outcomes. **3**

NETWORKS: Integrate violence prevention approaches into existing strategies to foster healthy child development. **4**

ORGANIZATIONAL: Ensure that organizations and agencies involved in violence prevention and child and family health develop strategies that address the underlying factors associated with violence. **5**

POLICY: Fund violence prevention strategy development and evaluation to ensure that existing and future efforts address local needs, maximize resources and capacity, and achieve the broadest and most significant impact. **6**

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CONCLUSION

Take the First Steps

Current knowledge about the causes of violence and how to prevent it is greater than ever. A high level of violence exists in the U.S., but it *is* preventable. One important focus must be on young children's well-being. Too often there is not enough attention paid during children's early years, only to later discover angry, depressed, alienated, and violent teens and adults. The evidence is overwhelming: the quality of early development and early experiences of violence make a difference in ways that persist far beyond childhood impacting brain development, academic achievement, relationships, and the risk of being involved in violence.

It is becoming increasingly recognized that enhancing early childhood development requires working collaboratively and reducing risks and fostering resiliency in the community, family, and individual. There remains, however, a grave disconnect between what is known and existing policies and practices. *FIRST STEPS* seeks to address this disconnect by providing information and recommendations to those working with young children and their families. As Dr. Jack Shonkoff states, "How we use the information that we have to influence policy and practice makes a statement about the kind of society we want to live in."[193] While implementing these recommendations in a meaningful way requires significant investment, research supports the assertion that the investment will pay off in the long-run — for individuals, communities, and society. Clearly, parents and other caregivers have significant responsibility for raising their children; however, they need appropriate resources, services, and support.

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The 15 recommendations within *FIRST STEPS* lay out a policy and practice framework for policy makers, funders, service providers, administrators, parents, and advocates. Each of these groups has a role to play in strengthening efforts for young children and their families, and can use the framework to develop efforts that best respond to their local needs.

- **Policy makers and public officials** can support implementation of the *FIRST STEPS* recommendations, put training, funding, and program guidelines and requirements into law, and increase attention to the importance of healthy early childhood development and violence prevention through use of the bully pulpit.
- **Funders** can influence priorities and practices through what they choose to fund. They can provide resources for effective programs, ongoing strategy development, training and technical assistance, and evaluation. They can also mount campaigns that build increased public support for programs and laws that support healthy child development and violence prevention.
- **Service providers and administrators** can build the skills of parents and caregivers of young children, develop and participate in appropriate training, and strengthen program delivery. Further, they can increase public understanding of and support for outcomes related to early childhood development and advocate for changes within their own organizations and policy change to support early childhood development and reduce violence. This broad group includes those in direct contact with young children and families such as early care and education providers, health and social service providers, police officers, and judges. It also includes those who have indirect contact such as city planners, parks and recreation administrators, housing authorities, and transportation entities.
- **Parents and advocates** can actively engage with policy makers, funders, and service providers in order to strengthen services and communities that will support young children and prevent violence. They can also become more informed about the relationship between early childhood development and violence prevention and advocate for organizational and policy changes that support families and children.

FIRST STEPS provides the keys for change — for taking steps in the most vulnerable and critically important developmental years to prevent violence. As a society, there is not enough value placed on ensuring that each child has a childhood that is healthy, happy, and nurturing and that paves the way to a successful adulthood. It is both the role and responsibility of adults to protect and nurture children. Ensuring that young children have the supports and opportunities they need is a priority that requires great commitment. The keys are now in our hands. It is up to every one of us to take action.

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Glossary of Terms

Caregivers: Person(s) with primary or significant responsibility for caring for and raising a child. The term is used with the understanding that some children are cared for by people other than their parents, including family members and non-family adults. Throughout this report, it is used interchangably with the term 'parents.'

Disassociation: Behavior characterized by mistrust, avoidance of people, and reduced ability to empathize and relate to others in meaningful ways.

Early childhood development: Healthy and appropriate physical, cognitive, and emotional development. This is fostered by a range of 'essential supports,' including health, nutrition, intellectual stimulation, and opportunities for exploration and active learning, as well as the social and emotional care and nurturing children need in order to realize their human potential and play an active role in their families and communities.[154]

Hyper-vigilance: Behavior characterized by hyperactivity, impulsiveness, interpreting non-verbal cues as signs of aggression, and striking out before being struck.

Primary prevention: Efforts designed to prevent violence before it occurs and/or very early in a trajectory of negative outcomes.

Risk factors: Characteristics or circumstances that increase the likelihood of an individual, family, or community being affected by or perpetrating violence.

Resiliency: The capacity to develop positively despite harmful experiences or the presence of risk factors.

Resiliency factors: Traits, characteristics, or circumstances that protect an individual or community from violence. Resiliency factors encourage positive growth and can counter the negative effects of risk factors.

Violence: The "threatened or actual use of physical force or power against another person, against oneself, or against a group or community that results in or has a high likelihood of resulting in injury, death, or deprivation."[155]

Violence prevention: Efforts that build on the strengths and resiliency factors of individuals, families, and communities. These efforts contribute to empowerment, edu :ational and economic progress, and improved life management skills while also fostering healthy communities in which people can grow in dignity and safety. Finally, they realign institutions to be more inclusive and receptive in responding to community needs.[156]

Resources

Books, Reports, and Videos

A Good Beginning: Sending America's Children to School with the Social and Emotional Competence They Need to Succeed
Peth-Pierce R, The Child Mental Health Foundations and Agencies Network. The National Institute of Mental Health, Bethesda, Md, 2000

America's Child Care Crisis: A Crime Prevention Tragedy (2nd ed.)
Fight Crime: Invest in Kids, Washington, DC, 2000; Online at: www.fightcrime.org

Bodies, Birth & Babies: Sexuality Education in Early Childhood Programs
Brick P, Davis N, Fischel M, Lupo T, MacVicar A, and Marshall J. Center for Family Life Education, Planned Parenthood of Bergen County, Hackensack, NJ, 1989

Bullying Task Force Report: Brave Enough to Be Kind
Connecticut Commission on Children, Hartford, Conn, 2001; Executive summary online at: www.cga.state.ct.us

Children in Danger: Coping with the Consequences of Community Violence
Garbarino J, Dubrow N, Kostelny K, and Pardo C. Jossey-Bass, San Francisco, Calif, 1992

Community Interventions to Promote Healthy Social Environments: Early Childhood Development and Family Housing
Centers for Disease Control and Prevention, MMWR, Vol. 51, February 2002; Online at: www.cdc.gov

Confronting Chronic Neglect: The Education and Training of Health Professionals on Family Violence
Cohn F, Salmon M, and Stobo J, eds. Board on Children, Youth, and Families, Institute of Medicine, National Academy Press, Washington, DC, 2002

Early Violence Prevention: Tools for Teachers of Young Children
Slaby R, Roedell W, Arezzo D, and Hendrix K. National Association for the Education of Young Children, Washington, DC, 1995

Effective Intervention in Domestic Violence and Child Maltreatment Cases: Guidelines for Policy and Practice
Schecter S and Edelson JL. Family Violence Department, National Council of Juvenile and Family Court Judges, Reno, Nev, 1999; www.dvlawsearch.com

California's Child Care Crisis: A Crime Prevention Tragedy
Fight Crime: Invest in Kids *California*, Oakland, CA 2001; Online at: www.fightcrime.org/ca

From Neurons to Neighborhoods: The Science of Early Childhood Development
Shonkoff J and Phillips D, eds. National Research Council and Institute of Medicine, National Academy Press, Washington, DC, 2000

The Future of Children Journal
Children, Families, and Communities Program, The David and Lucile Packard Foundation; Online at: www.futureofchildren.org

Ghosts from the Nursery: Tracing the Roots of Violence
Karr-Morse R and Wiley M. Atlantic Monthly Press, New York, NY, 1997

Growing the Next Generation: Nutrition and Child Development in Los Angeles County
Cohen L, Mikkelsen L, and Harris K. Prevention Institute, Oakland, Calif, 2001 (unpublished draft)

The Irreducible Needs of Children: What Every Child Must Have to Grow, Learn, and Flourish
Brazelton TB and Greenspan S. Perseus Publishing, Cambridge, Mass, 2000

Journeys from Childhood to Midlife: Risk, Resilience, and Recovery
Werner E and Smith RS. Cornell University Press, Ithaca, NY, 2001

Lost Boys: Why Our Sons Turn Violent and How We Can Save Them
Garbarino J. Free Press, New York, NY, 1999

The Men They Will Become: Nature and Nurture of Male Character
Newberger E. Perseus Books, Reading, Mass, 1999

Moving Young Children's Play Away from TV Violence
Ready at Five Partnership, Baltimore, Md, 1995

Never Too Early, Never Too Late to Prevent Youth Crime and Violence
Little Hoover Commission, Sacramento, Calif, 2001; Online at: www.bsa.ca.gov/lhcdir/report159.html

Overcoming the Odds: High Risk Children from Birth to Adulthood
Werner E and Smith RS. Cornell University Press, Ithaca, NY, 1992

Parents Under Siege: Why You Are the Solution, Not the Problem, in Your Child's Life
Garbarino J and Claire B. Free Press, New York, NY, 2001

Positive Discipline A-Z: 1001 Solutions to Everyday Parenting Problems
Nelsen J, Lynn L, and Glenn S. Prima Publishing, Rockland, Calif, 1993

Preventing Domestic Violence: A Blueprint for the 21st Century Domestic Violence
Advisory Council, California Department of Health Services, Sacramento, Calif, 1998

Racial Disparities in Infant Mortality Rates: The Impact of Discrimination in Health Care, Housing, Education and Employment on Newborns
Minnesota Advocates for Human Rights. World Organization Against Torture, Washington, DC, 2000; Online at: www.woatusa.org

Raising Children in a Socially Toxic Environment
Garbarino J. Jossey-Bass, San Francisco, Calif, 1995

Real Boys: Rescuing Our Sons from the Myths of Boyhood
Pollack W. Henry Holt and Company, New York, NY, 1998

Report of the Surgeon General's Conference on Children's Mental Health: A National Action Agenda
U.S. Department of Health and Human Services, Washington, DC, 2000; Online at: www.surgeongeneral.gov

Safe from the Start Law Enforcement Briefing Video
Crime and Violence Prevention Center, California Attorney General's Office, Sacramento, Calif, 2001

Safe from the Start Policy Recommendations from the Statewide Regional Forums
Crime and Violence Prevention Center, California Attorney General's Office, Sacramento, Calif, 2001

Safe from the Start Window of Opportunity (video)
Crime and Violence Prevention Center, California Attorney General's Office, Sacramento, Calif, 2002

Safe from the Start with Dr. Bruce Perry (video)
Crime and Violence Prevention Center, California Attorney General's Office, Sacramento, Calif, 2000

The Smart Parent's Guide to Kids' TV
Chen M. KQED Books, San Francisco, Calif, 1994

Violence and Young Children: Successful Violence Prevention Strategies (video)
Young Children/Violence Prevention Coalition, Action Alliance for Children, Oakland, Calif, 1997

Youth Violence: A Report of the Surgeon General U.S. Department of Health and Human Services, Rockville, Md, 2001; Online at: www.surgeongeneral.gov

Campaigns, Curricula, Programs, and Tools

The ABC's of Safe and Healthy Child Care: An On-Line Handbook for Child Care Providers
Hale CM and Polder JA. Hospital Infections Program, National Center for Infectious Diseases, Centers for Disease Control and Prevention, Atlanta, Ga, 1997; Online at: www.cdc.gov

ACT — Adults and Children Together — Against Violence (campaign)
American Psychological Association, National Association for the Education of Young Children, Advertising Council; www.actagainstviolence.org

Bullying Prevention Program
Olweus D. Center for the Study and Prevention of Violence, Institute of Behavioral Science, University of Colorado at Boulder, Boulder, Colo; www.colorado.edu

The Coming Up Taller Initiative
President's Committee on the Arts and the Humanities, Institute of Museum and Library Services, National Endowment for the Arts, National Endowment for the Humanities; www.cominguptaller.org

Eight Steps to Building Effective Coalitions
Cohen L, Baer N, and Satterwhite P. Prevention Institute, Oakland, Calif, 2002; Online at: www.preventioninstitute.org

A Guide to Engaging Parents in Public-Private Child Care Partnerships
Zimmerman E, Connecticut Commission on Children and Child Care Partnership Project, Child Bureau, U.S. Department of Health and Human Services. 2000; Online at: http://nccic.org

The Mental Health Screening Tool for Children 0-5
California Institute for Mental Health, Sacramento, Calif, 2001; (916) 556-3480; E-mail: bcarter@cimh.org

Protect Children Instead of Guns: Community Action Toolkit
Children's Defense Fund, Washington, DC, 2002; (800) CDF-1200, option 4; E-mail: yvrc@childrensdefense.org; www.childrensdefense.org

Quit It! A Teacher's Guide on Teasing and Bullying for Use with Students in Grades K-3
Froschl M, Sprung B, Mullin-Rindler N, Stein N, and Gropper N. Educational Equity Concepts, Wellesley College Center for Research on Women, Wellesley, Mass, 1998; www.wcwonline.org

Right From the Start: Guidelines for Sexuality Issues: Birth to Five Years
Sexuality Information and Education Council of the United States (SIECUS), New York, NY, 1995; www.siecus.org

Safe from the Start Promising Strategies and Programs Resource Guide
Crime and Violence Prevention Center, California Attorney General's Office, Sacramento, Calif, 2002; Online at: www.safefromthestart.org

School Readiness Checklist
Connecticut Commission on Children, Hartford, Conn, 1998; Online at: www.cga.state.ct.us

Starting Small: Teaching Tolerance in Preschool and the Early Grades
Teaching Tolerance, Southern Poverty Law Center, Montgomery, Ala, 1997; www.tolerance.org

Steps to Prevent Firearm Injury in the Home (STOP 2)
Brady Center to Prevent Gun Violence, Washington, DC, 1998; (202) 289-5777; www.bradycenter.org

Understanding the Effects of Domestic Violence: A Handbook for Early Childhood Educators
Baker L, Jaffe P, and Moore K. Centre for Children and Families in the Justice Systems, London, Ontario, 2001; Online at: www.lfcc.on.ca

Unload and Lock Campaign (campaign)
U.S. Department of Justice, Advertising Council, National Crime Prevention Council; www.unloadandlock.com

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Organizations

Action Alliance for Children
1201 Martin Luther King, Jr. Way
Oakland, CA 94612
Phone: (510) 444-7136
www.4children.org

Berkeley Media Studies Group
2140 Shattuck Avenue, Suite 804
Berkeley, CA 94704
Phone: (510) 204-9700
Fax: (510) 204-9720
www.bmsg.org

Birth to Three Project
Ounce of Prevention Fund
122 S. Michigan Avenue, Suite 2050
Chicago, IL 60603-6107
Phone: (312) 922-3863
Fax: (312) 922-3337
www.ounceofprevention.org

California Association for the Education of Young Children (CAEYC)
4330 Auburn Boulevard, Suite 2400
Sacramento, CA 95841
Phone: (916) 486-7750
Fax: (916) 486-7765
www.caeyc.org

California Children and Families Commission
501 J Street, Suite 530
Sacramento, CA 95814
Phone: (916) 323-0056
Fax: (916) 323-0069
www.ccfc.ca.gov

California Office of the Attorney General
Crime and Violence Prevention Center
1300 I Street, Suite 1150
Sacramento, CA 95814
Phone: (916) 324-7863
Fax: (916) 327-2384
www.caag.state.ca.us/cvpc

Center for Child Well-being
750 Commerce Drive, Suite 400
Decatur, GA 30030
Phone: (800) 765-7349
Fax: (404) 371-9098
www.childwellbeing.org

Center for Media Literacy
3101 Ocean Park Boulevard, Suite 200
Santa Monica, CA 90405
Phone: (301) 581-0260
Fax: (301) 581-0270
www.medialit.org

The Child Trauma Academy
5161 San Felipe, Suite 320
Houston, TX 77056
www.childtrauma.org

Children Now
1212 Broadway Avenue
Oakland, CA 94612
Phone: (510) 763-2444
Fax: (510) 763-7974
www.childrennow.org

Children's Defense Fund
National Headquarters:
25 E Street NW
Washington, DC 20001
Phone: (202) 628-8787
California Office:
101 Broadway Avenue, 2nd Floor
Oakland, CA 94607
Phone: (510) 663-3224
Fax: (510) 663-1783
www.childrensdefense.org

Children's Environmental Health Network
110 Maryland Avenue NE #511
Washington, DC 20002
Phone: (202) 543-4033
Fax: (202) 543-8797
www.cehn.org

Children's Health Environment Coalition
P.O. Box 1540
Princeton, NJ 08542
Phone: (609) 252-1915
Fax: (609) 252-1536
www.checnet.org

Children's Safety Network: National Injury and Violence Prevention Resource Center
55 Chapel Street
Newton, MA 02458-1060
Phone: (617) 969-7100
www.edc.org/HHD/csn

Connecticut Commission for Children
18-20 Trinity Street
Hartford, CT 06106
Phone: (860) 240-0290
Fax: (860) 240-0248
www.cga.state.ct.us/coc

Educational Resources Information Center
University of Illinois at Urbana-Champaign
Children's Research Center
51 Gerty Drive
Champaign, IL 61820
Phone: (800) 583-4135
Fax: (217) 333-3767
http://ericeece.org

Employment Policies Institute
1775 Pennsylvania Avenue NW, Suite 1200
Washington, DC. 20006-4605
Phone: (202) 463-7650
Fax: (202) 463-7107
www.epionline.org

Family Support America
20 North Wacker Drive, Suite 1100
Chicago, IL 60606
Phone: (312) 338-0900
Fax: (312) 338-1522
www.familysupportamerica.org

Family Violence Prevention Fund
383 Rhode Island Street, Suite 304
San Francisco, CA 94103-5133
Phone: (415) 252-8900
Fax: (415) 252-8991
http://endabuse.org

Fight Crime: Invest in Kids *California*
2910 Telegraph Avenue, Suite 300
Oakland, CA 94609
Phone: (510) 836-2050
Fax: (510) 836-2121
www.fightcrime.org/ca

Healthy Families America
200 S. Michigan Ave, Suite 1700
Chicago, IL 60604
Phone: (312) 663-3520
Fax: (312) 939-8962
www.healthyfamiliesamerica.org

I Am Your Child Foundation
P.O. Box 15605
Beverly Hills, CA 90209
Phone: (310) 285-2385
Fax: (310) 205-2760
www.iamyourchild.org

i.e. communications, LLC
785 Market Street, 16th Floor
San Francisco, CA 94103
Phone: (415) 616-3930
Fax: (415) 616-3925
www.iecomm.org

Infant-Family Resource Program
209 Parran Hall, University of Pittsburgh
130 DeSoto Street
Pittsburgh, PA 15261
Phone: (412) 624-3108
E-mail: first@vms.cis.pitt.edu

Interagency Council on Child Abuse and Neglect
4024 N. Durfee Avenue
El Monte, CA 91732
Phone: (626) 455-4585
Fax: (626) 444-4851
E-mail: dtilton@co.la.ca.us

Lion and Lamb
4300 Montgomery Avenue, Suite 104
Bethesda, MD 20814
Phone: (301) 654-3091
Fax: (301) 654-2394
www.lionlamb.org

Local Initiatives Support Corporation (LISC)
733 3rd Avenue, 8th Floor
New York, NY, 10017
Phone: (212) 455-9800
Fax: (212) 682-5929
www.liscnet.org

Motheread, Inc.
315 W. Ninth Street, Suite 702
Los Angeles, CA 90015
Phone: (213) 623-5993
www.motheread.org

National Association for the Education of Young Children (NAEYC)
1569 16th Street NW
Washington, DC 20036
Phone: (202) 232-8777; (800) 424-2460
Fax: (202) 328-1846
www.naeyc.org

National Center for Children in Poverty
School of Public Health, Columbia University
154 Haven Avenue
New York, NY 10032
Phone: (212) 304-7100
Fax: (212) 544-4200
http://cpmcnet.columbia.edu/dept/nccp

National Center for Family Literacy
325 West Main Street, Suite 200
Louisville, KY 40202-4251
Phone: (502) 584-1133
Family Literacy InfoLine: (877) FAMLIT-1
Fax: (502) 584-0172
www.famlit.org

National Child Care Info Center
243 Church Street NW, 2nd Floor
Vienna, VA 22180
Phone: (800) 616-2242
Fax: (800) 716-2242
www.nccic.org

National Child Traumatic Stress Network
National Center for Child Traumatic Stress
11150 W. Olympic Boulevard, Suite 770
Los Angeles, CA 90064
(310) 235-2633

National Clearinghouse on Child Abuse and Neglect Information
330 C Street SW
Washington, DC 20447
Phone: (800) FYI-3366
Fax: (703) 385-3206 www.calib.com/nccanch

National Crime Prevention Council
1000 Connecticut Avenue NW, 13th Floor
Washington, DC 20036
Phone: (202) 466-NCPC
Fax: (202) 296-1356
www.ncpc.org

National Safe Kids Campaign
1301 Pennsylvania Ave NW, Suite 1000
Washington, DC 20004
Phone: (202) 662-0600
Fax: (202) 393-2072
www.safekids.org

Parent Leadership Training Institute
The Commission on Children
18-20 Trinity Street
Hartford, CT 06106
Phone: (860) 240-0085
Fax: (860) 240-0248

Parent Services Project
79 Belvedere Street, Suite 101
San Rafael, CA 94901
Phone: (415) 454-1870
Fax: (415) 454-1752
www.parentservicesproject.org

Prevention Institute
265 29th Street
Oakland, CA
Phone: (510) 444-PREV
Fax: (510) 663-1280
www.preventioninstitute.org

Ready at Five Partnership
111 S. Calvert Street, Suite 1720
Baltimore, MD 21201
Phone: (410) 727-6290
Fax: (410) 547-8690

Safe Start: Bay Area Center for Training in Early Childhood Violence Intervention and Counseling
1600 Holloway Avenue
San Francisco, CA 94132
Phone: (415) 338-3332

Search Institute
The Banks Building
615 First Avenue NE, Suite 125
Minneapolis, MN 55413
Phone: (612) 376-8955; (800) 888-7828
Fax: (612) 376-8956
www.search-institute.org

The Southern Poverty Law Center
400 Washington Avenue
Montgomery, AL 36104
Phone: (334) 956-8200
www.splcenter.org

Substance Abuse and Mental Health Services Administration
5600 Fishers Lane
Rockville, MD 20857
www.samhsa.gov

UCLA Center for Healthier Children, Families and Communities
Room 61-253 CHS, Box 951772
Los Angeles, CA 90095-1772
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FIRST STEPS Partner Organizations

APPX F

Prevention Institute promotes and develops comprehensive prevention solutions. The Institute is a nonprofit organization that develops methods and strategy to strengthen prevention efforts *before* the onset of a problem. As a national focal point for prevention, the Institute develops and researches effective models and provides strategy consultation, community tools, technical assistance, and training to improve prevention practice. The Institute works with communities, organizations, and government (local, state, and federal) agencies on preventive approaches to problems such as violence, traffic crashes, and chronic disease. All efforts are aimed at changing systems in order to achieve the broadest and most sustained impact. For more information, visit **www.preventioninstitute.org.**

Action Alliance for Children (AAC) exists to inform, educate, and persuade a statewide constituency of people who work with and on behalf of children by providing the most reliable information on current issues, trends, and public policies that affect children and families in California. AAC is a resource for and facilitates dialogue among diverse community groups, including policy makers, media, children's service providers and advocates, educators, and parents. AAC publishes the award-winning, bimonthly newsmagazine, the *Children's Advocate*, with a readership of more than 30,000. In addition, AAC has initiated the *Building Communication Project*, creating opportunities for children's organizations to interact with the *Children's Advocate* and to strengthen the growing movement for children and families. For more information, visit **www.4children.org.**

Fight Crime: Invest in Kids *California* is the state office of a national organization composed of over 1,500 sheriffs, police chiefs, district attorneys, and crime survivors. Fight Crime: Invest in Kids *California* believes that giving children the right start in life through measures such as quality, affordable child care and after-school programs is crucial in preventing and reducing juvenile delinquency and violence. Fight Crime: Invest in Kids *California* compiles and publicizes research on the effects of children's programs on crime prevention. The California State Sheriffs Association, California Police Chiefs Association, California Peace Officers Association, California District Attorneys Association, and hundreds of law enforcement professionals have endorsed Fight Crime: Invest in Kids *California's* prevention plan. For more information, visit **www.fightcrime.org**.

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Recommendations

1. Provide families with services and supports to foster health and empowerment.
2. Recognize poverty as a significant risk factor and take steps to minimize its impact.
3. Prevent and reduce the impact of abuse, neglect, and witnessing violence.
4. Increase wellness opportunities and access to quality healthcare for children and families.
5. Promote mental health and meet the mental health needs of all family members.
6. Reduce substance abuse among caregivers and pregnant women and their partners.
7. Provide affordable, available, and high-quality early care and education.
8. Improve the ability of families, communities, and schools to prepare children for school.
9. Implement measures to reduce young children's access to guns.
10. Reduce the impact of media violence on young children.
11. Intervene in early bullying behavior and address underlying causes.
12. Increase children's opportunities for appropriate play and creative exploration.
13. Enhance community connections, resources, and access to information and decision-making.
14. Increase local coordination of services and resources for families and their children.
15. Ensure that violence prevention efforts for young children are driven by effective strategy.

FIRST STEPS: Taking Action Early to Prevent Violence can be found at www.preventioninstitute.org/firststeps.html or www.4children.org

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1st STEPS

TAKING ACTION EARLY TO PREVENT VIOLENCE

"He shooted her baby at my house. I heard it. I felt sad and scared."

— 3 year old

"When I was watching a knife movie, I went to sleep and I woke up. I ran out the room because I was having a nightmare."

— 3 year old

"When I was spending the night at my granny's house, somebody shot somebody, and he was wrapped in blue paper. I was feeling sad."

— 4 year old

"Somebody threw a rock at my momma's window when I was sleeping. It was my bedroom. I felt sad. Then I was crying."

— 4 year old

"The younger kids, or younger generation, they follow. They want to follow what you do. They want to do what you do."

— 15 year old

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